SRI LANKA COLLEGE OF PAEDIATRICIANS

SLCP CONGRESS 2025

27TH ANNUAL SCIENTIFIC CONGRESS
SRI LANKA COLLEGE OF PAEDIATRICIANS

"Organise and Collaborate for Cost-effective and Meaningful Care"

8th to 10th June, 2025
Monarch Imperial, Sri Jayewardenepura Kotte.

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NATIONAL ANTHEM

OF SRI LANKA

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Proceedings of the
Sri Lanka College of Paediatricians

27th Annual Scientific Congress

8th - 10th June 2025
Monarch Imperial, Sri Jayewardenepura Kotte, Sri Lanka

"Organise and collaborate for cost-effective and meaningful care"

The SLCP logo embodies our commitment to excellence in child care and the dedication of our members. It features a heartwarming representation:

The lotus has been the symbol of birth in Sri Lanka for the past 2500 years. It has been found in ancient decorative granite inscriptions and has enjoyed pride of place in religion, culture and art. In this logo of the Sri Lanka College of Paediatricians, the silhouette of a child is encircled by twenty-four lotus petals representing round-the-clock medical care and services available towards the welfare of our children, the national treasure of this land. The traditional earthenware pot, the “pun kalasa”, on which the main emblem rests, together with sheaves of coconut flowers surrounding it, depicts prosperity and reiterates that children are the precious jewels of this resplendent isle.

The Sri Lanka College of Paediatricians which came into existence in 1996, is the continuum of the Sri Lanka Paediatric Association, which was founded in 1953

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Dr. Anuradha Kodippilli

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Dr. Pyara Ratnayake
Dr. Anuradha Kodippili (Convenor)

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Pre/Post Congress Workshops

Pre Congress Workshop for Nurses:
Dr. Malithi Guruge, Dr. Asanga Rajapakshe, Dr. Maheshaka Wijayawardena

Pre Congress Workshop for Healthcare Assistance:
Dr. Chamidri Naotunna, Dr. Viraj Jayasinghe,
Dr. N Sirisaravanapavanathan, Dr. Dananjaya Vithanage

Pre Congress Workshop on Neonatal and Paediatric Emergencies:
Dr. Nimesha Gamhewage, Dr. Nalin Gamaathige, Dr. Nalin Kitulwatte,
Dr. Sharm Weerasinghe, Dr. Anoma Abeygunawardhane, Dr. Shobhavi Randeni

Pre-congress Workshop on Timely Recognition & Effective Management of Childhood Disorders:
Dr. Jagath Ranasinghe, Dr. Pyara Ratnayake, Dr. Himali Jayaweera,
Dr. Dilini Vipulaguna, Dr. Thilina Munasinghe

Post Congress Workshop on Autism: Early Detection and Early Intervention :
Dr. Dilini Vipulaguna, NAMASTE Team

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Dr. Amali Dalpatadu, Dr. Malithi Guruge, Dr. Chamidri Naotunna

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Registration committee

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Dr. Asanka Rajapaksha, Prof. Guwani Liyanage

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Dr. Anuradha Kodippili

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Ms. Rushdiya Jallil, Ms. Chamila Weerasinghe, Ms. Dasanya Kaluarachchi, Dr. Hiru Perera, Mr. R Jayawardena

MESSAGE FROM THE CHIEF GUEST

It is a great honour to participate in the 27th Annual Scientific Congress of the Sri Lanka College of Paediatricians as your Chief Guest. I am very grateful for the opportunity to address this distinguished audience and to contribute to the scientific program. Paediatric cardiology is an important part of paediatrics, not only because congenital heart disease is common, with almost one in 200 newborn infants requiring cardiac intervention, but also because of the mortality and morbidity which can result. The challenge of managing patients with congenital heart disease can appear daunting, because of the resource and expertise required to deliver effective care. The increasing success of surgery and intervention, whilst very welcome, means that patients require ongoing care right through their adult lives.

In Sri Lanka, over the past 25 years, I have witnessed the commitment of paediatric cardiologists, surgeons, intensive care specialists and nursing teams to deliver high levels of care for affected children, adults and their families. We have seen the development of teams and facilities in Sri Lanka, to meet the demand for treatment, despite economic and other challenges. It is essential in all countries that healthcare professionals continue to advocate strongly for their patients, never more so than in the field of congenital heart disease.

Since 2001, our “Take Heart” team, drawn mainly from the Evelina London Children’s Hospital, has operated on almost 300 patients and evaluated many thousands over multiple surgical missions. This cannot compare to the thousands of patients treated by Sri Lankan teams, but it has been an extraordinary forum for discussion and exchange of ideas, which can only be for the better for all, and one which we aim to continue.

The speciality is extremely exciting at present with the development of technologies such as artificial intelligence which have the potential to improve workflow, quality and cost effectiveness. However such advances will not substitute for core knowledge, understanding of disease mechanisms and care of patients at a “human” level.

I would like to thank the Sri Lanka College of Paediatricians for the invitation and I would also like to formally acknowledge the assistance and commitment so many Sri Lankan doctors who have enabled our work in Sri Lanka over the past quarter of a century.

Professor John Simpson
Professor of Paediatric and Foetal Cardiology
Evelina London Children's Hospital, United Kingdom

MESSAGE FROM THE GUEST OF HONOUR

It is a privilege to contribute to the proceedings book of the 27th Annual Academic Sessions and to be among such a distinguished gathering of professionals devoted to advancing paediatric care in Sri Lanka. As someone from a family deeply rooted in the field of medicine, I feel personally connected to the mission of this conference. I come from an immediate family of six medical professionals, all of whom have dedicated their expertise to the Health Service in Sri Lanka and to the National Health Service (NHS) in the United Kingdom.

It is a privilege to contribute to the proceedings book of the 27th Annual Academic Sessions and to be among such a distinguished gathering of professionals devoted to advancing paediatric care in Sri Lanka.
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Being the only engineer in a family of doctors, I was respected for my profession until I chosethe path of business. Like many professionals, they were sceptical of businessmen, which meant I had to maintain the highest ethical standards in all my ventures. I confined my activities to “non-government” enterprises: from becoming an IBM dealer and launching ETV (now Swarnavahini), to pioneering offshore bunkering, salvage and towage of ships, hospitality services through the Intercontinental Hotel (now “The Kingsbury”), and designing and constructing the Weligama Bay Marriott Resort & Spa.

The theme of this year’s conference -“Organise and collaborate for cost-effective and meaningful care”—resonates deeply with me. It aligns with the values instilled in me through marine engineering, a field where the margin for error is narrow, especially when solving problems in the middle of the ocean, with no external help. I believe the same spirit applies to medicine: strategic organisation and collaboration are essential for survival, impact, and long-term success.
Having visited Lady Ridgeway Hospital on numerous occasions, I have personally witnessed the exceptional care offered to children in this country—entirely free of charge. Yet, I was also saddened to learn that 2–3 children with heart disease or critical conditions dieeach day due to inadequate infrastructure and resources.

I must especially commend the Sri Lanka Navy Engineering Department for their exceptional work in constructing the new building. Their commitment and professionalism have been central to the Little Hearts Project, creating a space where advanced care for critically ill children is finally possible.

As a marine engineer, I know how critical knowledge, skill-sharing, and technical excellence are to any profession. Conferences like these—bringing together leading minds from around the world—serve as vital platforms for that exchange. I have no doubt the ideas and collaborations borne from these sessions will pave the way for meaningful advances in paediatric care.

As we begin these academic sessions, let us renew our collective commitment to the noble cause of healing and protecting our nation's children. Through collaboration and shared purpose, we can create a healthier, brighter future for generations to come.
Thank you once again for this honour. I look forward to engaging with you and witnessing the remarkable contributions that will emerge from these sessions.

Eng. Nahil Wijesuriya FIMarEST
Chairman and CEO East West Group of Companies

MESSAGE FROM THE PRESIDENT

SRI LANKA COLLEGE OF PAEDIATRICIANS

It is with great pleasure that I welcome you to the 27th Annual Scientific Congress of the Sri Lanka College of Paediatricians. This event marks a significant milestone in our ongoing commitment to advancing paediatric care and research in Sri Lanka.

This year's theme, "Organise and Collaborate for Cost-Effective and Meaningful Care," highlights the importance of working together to provide high-quality healthcare in a resource limited environment.

In an era of recovery after an economic crisis, it is important that we focus on cost effective strategies to provide meaningful care that will benefit the majority of our children. All the educational activities carried out during this year were planned with this objective in mind, to provide practical solutions for the challenges faced by the healthcare professionals involved in the practice of Paediatrics. The annual scientific congress, the grand finale, is no exception. A meticulously planned lineup of lectures by experts in their fields has been arranged to ensure the maximum benefit for the participants.

Congresses of this magnitude are crucial as they offer opportunities to update knowledge and engage in discussions with experts in the field. Nevertheless, the need for continuous access to knowledge, whenever required and wherever you may be, remains a long-felt need. In order to facilitate this, the SLCP has launched an online learning platform targeting all individuals involved in childcare, including physicians, nurses, midwives, and parents. The website, named "The Light", reflects the principle that a child is not merely a vessel to be filled but a lamp to be lit. The task of every health care provider is to guide each child towards a healthy and fulfilling life, not merely diagnosing and treating illnesses. As healthcare providers if we can light that lamp in every child, it will definitely produce a better society in years to come.

Organising a scientific congress is challenging, especially when it should align with the theme and be cost-effective and meaningful. The experience you will enjoy over the next few days is a testament to the commitment and hard work of the organizing committee.

I extend my heartfelt gratitude to all the members of the organising committee, overseas and local speakers, sponsors, and participants who have contributed to making this congress a success. Your support and collaboration are invaluable as we strive to enhance paediatric care during the recovery phase of an economic crisis.

I hope that the discussions and presentations during this congress will inspire new ideas, rectify errors in practice, and ultimately lead to better outcomes for the children of Sri Lanka. If that happens, it means all the hard work that we have put into organise this conference is really worthwhile.

My humble request to all participants is to continue updating your knowledge through our educational platform 'The Light', while getting the maximum out of this conference.
Let us continue to work together to make a positive difference in the lives of our patients and their families.

Thank you for your participation and tireless commitment to providing the best possible care for the children of Sri Lanka.

Warm regards,

Dr. Duminda Samarasinghe
President
Sri Lanka College of Paediatricians
Congress Chair
27th Annual Scientific Congress 2025

MESSAGE FROM THE SECRETARY

SRI LANKA COLLEGE OF PAEDIATRICIANS

"The ultimate test of a moral society is the kind of world that it leaves to its children."
– Dietrich Bonhoeffer

It is with deep honour and gratitude that I send this message as the Honorary Secretary of the Sri Lanka College of Paediatricians for the 27th Annual Scientific Congress.

As we gather at the close of what has been a profoundly productive year, we reflect on a journey marked by resilience, shared purpose, and a renewed sense of hope. Emerging gradually from the challenges of an unprecedented economic crisis, we remained steadfast in our commitment to a vision centred on one enduring principle: to ensure meaningful, equitable, and compassionate care for every child through unity and collective responsibility.

This year's theme, "Organize and Collaborate for Cost-Effective and Meaningful Care," has echoed throughout our work strengthening our resolve to build bridges across all sectors that influence child health and wellbeing. We recognized that real progress lies in fostering strong partnerships among healthcare professionals, parents, educators, policymakers, and communities at large.

Together, we have embraced a broader understanding of what it means to care for children not only by treating illness but by advocating for systems, environments, and relationships that allow them to thrive. Most importantly, we have focused on empowering parents and society, knowing that lasting change begins at the grassroots.

It has been a truly fulfilling journey one that has reaffirmed the power of collaboration and the unwavering dedication of our paediatric community in Sri Lanka.

As we present this Congress and its proceedings, I extend my heartfelt thanks to all who have contributed. Let us remember that our legacy as a society will be measured by the future we create for our children. May we always strive to leave behind a world that is kinder, healthier, and filled with promise.

Warm regards,
Dr K W D A Anuradha Kodippili
Honorary Secretary
Sri Lanka College of Paediatricians

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1964	-	1965	Dr. E H Mirando
1965	-	1966	Prof. M A Paul
1966	-	1967	Acting arrangements
1967	-	1968	Acting arrangements
1968	-	1969	Acting arrangements
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2006	-	2007	Dr. P M G Punchihewa
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2021	-	2022	Prof. Shaman Rajindrajith
2022	-	2023	Prof. Guwani Liyanage
2023	-	2024	Dr. Kosala Karunaratne

PAST SECRETARIES OF THE SRI LANKA COLLEGE OF PAEDIATICIANS

1996	-	1997	Dr. D H Karunatilaka
1997	-	1998	Dr. Ira Weerasinghe
1998	-	1999	Dr. Shanthamali de silva
1999	-	2000	Prof. Dulanie Gunasekera
2000	-	2001	Prof. Dulanie Gunasekera
2001	-	2002	Prof. Deepthi Samarage
2002	-	2003	Prof. Deepthi Samarage
2003	-	2004	Prof. Asiri Abeyagunawardena
2004	-	2005	Dr. R Ajanthan
2005	-	2006	Dr. Ramya de Silva
2006	-	2007	Dr. Ramya de Silva
2007	-	2008	Dr. Nandanee Wickramasinghe
2008	-	2009	Dr. Disna de Silva
2009	-	2010	Dr. Deepal Perera
2010	-	2011	Dr. Duminda Samarasinghe
2011	-	2012	Dr. Anuruddha Padeniy
2012	-	2013	Dr. Chamilka Jayasinghe
2013	-	2014	Dr. Ruwanthi Perera
2014	-	2015	Prof. Jithangi Wanigasinghe
2015	-	2016	Dr. Surantha Perera
2016	-	2017	Dr. Navoda Atapattu
2017	-	2018	Dr. Prasad Chathurangana
2018	-	2019	Dr. Randula Ranawaka
2019	-	2020	Dr. Hasitha Liyanaarachchi
2021	-	2022	Dr. Channa De Silva
2022	-	2023	Dr. Amali C Dalpatadu
2023	-	2024	Prof. Randula Ranawaka

PROFESSOR C. C. DE SILVA MEMORIAL ORATION

Past Orators

1988 *Congenital and hereditary renal disorders*
Prof. Martin Barratt, FRCP

1989 *Changing pattern of paediatric care*
Prof. Stella G de Silva, DCH, MD, FRCP

1990 *Looking beyond the disease palace*
Prof. Herbert A Aponso, DCH, MD, FRCP

1991 *Changing frontiers in childhood asthma*
Dr. B J C Perera, DCH, MD, MRCP

1992 *Kerosene oil poisoning: The direful predicament of the Sri Lankan toddler*
Dr. G N Lucas, MBBS, DCH, MRCP

1993 *Red goggles to PET*
Dr. A W Atukorala, MBBS, DMRD, (RCP & S), FRCP

1995 *How doctors handle complaints: A survey of consultants in the Oxford Region of England*
Dr. Harvey Marcovitch, DCH, FRCP

1996 *Thalassaemia control in Kurunegala: The dauntless challenge* Dr. P S de Silva, MBBS, DCH, MRCP

1997 *The problem of child abuse in Sri Lanka: Time for action*
Prof. D G H de Silva, MBBS, DCH, MSc, FRCP (Edin), FRCP (Lond)

1999 *The many intricacies of a Golden Elixir*
Dr. B J C Perera, MBBS (Cey), DCH (Cey), DCH (Eng), MD (Paed), FRCP (Edin), FRCP (Lond), FRCPCH (UK), FSLCPaed

2000 *Multimodal treatment in the management of paediatric malignancies in Sri Lanka*
Dr. R S Jayathilake, MBBS (Cey), DMRT (Lond), FRCR (Lond)

2001 *Multiorgan dysfunction due to Influenza A viral infection: Sri Lankan experience*
Prof. Sanath P Lamabadusuriya, MBE, MBBS (Cey), PhD (Lond), FRCP (Lond), FRCP (Edin), FRCP (Glasg), FRCPCH, FCCP, FSLPaed, DCH (Eng)

2002 *The use of steroid sparing agents in steroid sensitive nephrotic syndrome: Review of 20 years' experience in a tertiary care facility in England*
Dr. Asiri Abeyagunawardena, MBBS (SL), DCH (Col), MD (Paed), MRCP (UK), MRCPCH (UK)

2003 *The air we breathe: Is it safe for children?*
Prof. Manouri P Senanayake, MBBS (Cey), LRCP, MRCS, MD (Paed), FRCP (Lond), MRCPCH (UK), FSLCPaed

2004 *The children with urinary tract infection: a dilemma for the paediatrician*
Dr. C K Abeysekara, MBBS (Cey), DCH (Lond), MRCP (UK)

2005 *Children and the wave of destruction*
Dr. Pushpa M G Punchihewa, MBBS (Cey), DCH (Lond), MD (Paed), FRCP (Lond)

2006 *Plant poisoning prospective study*
Dr. G N Lucas, MBBS (Cey), DCH (Cey), MRCP (UK), FCCP, FSLCPaed

2008 *Some facets of laterality in Sri Lankan children*
Dr. B J C Perera, MBBS (Cey), DCH (Cey), DCH (Eng), MD (Paed), FRCP (Edin), FRCP (Lond), FRCPCH (UK), FSLCPaed

2009 *Childhood nephrotic syndrome: steroid sensitive, steroid resistant and beyond*
Dr. Asiri Abeyagunawardena, MBBS (SL), DCH (Col), MD (Paed), MRCP (UK), MRCPCH (UK)

2010 *Recurrent abdominal pain syndrome in children: A Sri Lankan perspective*
Dr. Niranga Manjuri Devanarayana, MBBS (Ruh), DM (Kel)

2011 *Body composition of Sri Lankan children: Effects of ethnicity*
Dr. Pujitha Wickramasinghe, MBBS (Col), MD (Paed), DCH (Col)

2012 *Child sexual abuse: Perspectives from recent research*
Dr. Rita Shackel, BSc LLB Grad Dip Ed MA PhD Dip Legal Prac *NSW Collegeof Law*

2013 *Paediatric cardiology in Sri Lanka: Yesterday, today and tomorrow*
Dr. Duminda Samarasinghe MBBS, MD (Paed), DCH

2014 *A better outcome for infantile spasms: What is the evidence?*
Dr. Jithangi Wanigasinghe MBBS, MD (Paed), DCH, MPhil

2015 *Spirometry in children: Meeting the unmet need*
Dr. Guwani Liyanage MBBS, MD (Paed), DCH, MRCPCH (UK)

2016 *Thalassaemia: In a quest towards an ultimate cure*
Dr. Sachith Mettananda MBBS, MD (Paed), DCH, DPhil (Oxford)

2017 *Rational planning of human resources for the Sri Lankan Paediatric Services: Current approaches and economic implications*

Dr. Dileep de Silva BDS (Peradeniya), MSc (Col), MD (Col), FCMA, AIB (SL), MBA (Col)

2018 *Childhood nephrotic syndrome: Beyond ISKDC*

Dr. Shenal Thalgahagoda MBBS, DCH, MD (Paed), MRCPCH (UK)

2019 *The interplay of microbiome, genetics and immunity in systemic disease*

Prof. Ramnik Xavier MD, PhD

2021 *Challenges in childhood nutrition- A Sri Lankan perspective*

Prof. Gitanjali Sathiadas, MBChB, MD, DCH, MRCPCH, PGDipMedEd

2022 *Do we need to rethink growth assessment in Sri Lankan children from birth to 2 years?*

Dr Nishani Lucas, MBBS (Col), DCH (Col), MD (Paed), MRCPCH (UK), IBCLC

2023 *"Childhood Diabetes Mellitus in Sri Lanka: A kaleidoscopic view"*

Dr Navoda Atapattu MD, DCH, MRCPCH, FRCPCH

2024 *Childhood allergic disorders in Sri Lanka: A hidden burden"*

Professor Thushara Kudagammana, MBBS (SL.), MD (Col), DCH (Col), DAA (India)

DR. STELLA G DE SILVA MEMORIAL ORATION

Past Orators

2013 Inaugural Event - *Looking back at a dazzling star*
Dr. B J C Perera, MBBS (Cey), DCH (Cey), DCH (Eng), MD (Paed), FRCP (Edin), FRCP (Lond), FRCPCH (UK), FSLCPaed, FCCP, FCGP (SL)

2014 *Constipation in children: From misty to understanding*
Prof. Shaman Rajindrajith, MBBS, DCH, MD (Paed), MRCPCH (UK)

2015 *Intricacies of pulse oximetry in paediatrics*
Professor Augusto Sola, MD, FAAP

2016 *Reaching for the stars : The kaleidoscopic chronicles of childhood disabilities*
Dr Samanmali P Sumanasena MBBS,MSC,DCH,MD, MRCPCH

2017 *Childhood Obesity: Socio-cultural determinants*
Prof. Pujitha Wickramasinghe MBBS (Col), MD (Paed), DCH (Col), PhD

2018 *Dark clouds and silver linings: Childhood pneumonia aetiology research in a developing country*
Dr. Joseph Mathew MD

2019 *The Child Patient: Through the eyes of a Lawyer*
Mr. Chanaka de Silva, President's Counsel

2021 *Fostering clinician-led research*
Prof. Sarath Lekamwasam MD, FRCP, PhD, FRACP(Hon), Hon FCP(SA), FCPSP(Hon)

2022 *The association between asthma and functional abdominal pain disorders in the paediatric population: common pathophysiological mechanisms causing this association*

Dr. Manori Vijaya Kumari, MBBS, PhD

2023 *Haematopoietic stem stell transplant - A cure for Sri Lankan children with Transfusion dependent Thalassemia and aplastic Anaemia*

Dr Ruwangi Dissanayake, MBBS (Col), DCH (Col),MD (Paed), MRCPCH (UK), FRCPCH

2024 *Surgery for drug resistant epilepsy in children; Bridging experience from the National Epilepsy Centre of Sri Lanka with evolving contemporary paradigms*

Dr Sanjaya Fernando, MBBS, DCH, MD

DR. B.J.C. PERERA RESEARCH PRIZE ORATION

Past Orators

2018 Inaugural Event - *Childhood asthma revisited: Lessons from the past*
Dr. Gary Connett (UK) MB ChB FRCPCH MD

2019 *Developing a Research Agenda in a Challenging Environment*
Prof. H. Janaka de Silva MD, DPhil (Oxon), FRCP, FCCP, FNAS (SL)

2021 *The Child is a Person*
Prof. Susirith Mendis MBBS, PhD (Ruhuna)

2022 *Slowly Moving Forward: The Story of Evolution and Progression of Motility Disorders in Children*
Prof. Marc Benninga, MD, PhD

2023 *Assessment of growth and effect of body composition in Sri Lankan children*
Prof V. Pujitha Wickramasinghe, MBBS (Col), MD (Paed), DCH (Col), PhD, FSLCPaed

2024 *Genetics of paediatric endocrinology: exploring a variegated landscape*
Dr Navoda Atapattu,
MD, DCH, MRCPCH(UK), FRCPCH(UK)

RECIPIENTS OF FELLOWSHIP OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS

1997

Dr. A F S Perera, LMS (Cey), FRCP (E), FCCP, DCH (Eng), DPH (Lond)

Dr. Grace Barr Kumarakulasinghe, MRCP (E), DCH (Lond), LMS (Cey)

Dr. E H Mirando, FRCP, DCH, FCCP

Prof. Stella G De Silva, MD (Cey), FRCP (Lond), FRCP (Edin), DCH (Eng), FCCP

Dr. P R Walpita, FRCS (Eng), FRCS (Edin), MBBS

Dr. Terence Perera, MB, FRCP, FCCP, DCH, FAAP (Hon), FIAP (Hon)

Prof. Priyani E Soysa, MD (Cey), DSc (Ruhuna), FRCP (Edin & Lond.), FCCP, DCH, FRCPCH

Prof. H A Aponso, MBBS, DCH (Lond), MRCP (Edin), FRFPS (Glasgow), MD (Cey), FRCP (Edin), FCCP

Dr. A W Atukorala, MBBS (Cey), DMRD, FRCR (Eng)

Dr. Rajeswary Rajakariar, MBBS (Cey), MRCP (Lond), FRCP (Lond), DCH (Eng), FCCP

1998

Dr. G. Wijegunaratne, MBBS (Cey), DCH (Lond), D.OBST.RCOG (Eng)

Prof. T W Wickramanayake, MBBS (Cey), PhD (Glasgow), DSc (Peradeniya & Ruhuna)

Dr. Philline T Peiris, MBBS (Cey), TDD (Wales), DCH (Lond), FRCP (Edin), FCCP

Dr. D A Sonnadara, MD (Cey), FRCP (Lond), DCH (Eng), FCCP

Dr. J C Nanayakkara, MBBS (Cey), DCH (Eng), FRCP (Edin), FCCP

Dr. N P S Gunaratne, MBBS (Cey), DCH (Lond), FRCP (Lond), Dip Marketing & Finance (Switzerland)

Dr. D R Karunaratne, MBBS (Cey), DCH (Cey), FRCP (Glasgow), FCCP

Prof. S P Lamabadusuriya, MBE, MBBS (Cey), DCH (Eng), PhD (Lond), FRCP (Edin), FRCP (Glasg), FRCP (Lond), FRCPCH (UK)

Dr. G N Lucas, MBBS (Cey), DCH (Cey), MRCP (UK), FCCP

Prof. N Warnasuriya, FRCP (Lond), DCH (Eng), FCCP, FCGP (SL)

Dr. B J C Perera, MBBS (Cey), DCH (Cey), DCH (Eng), MD (Paed), FRCP (Edin), FRCP (Lond), FRCPCH (UK)

2000

Dr. D J Aloysius, MBBS (Cey), FCGP (SL)

Dr. L Ranasinghe, MBBS (Cey), CHH (Lond), MRCP (Edin), FRCP (Edin), FCCP, FCGP

Dr. C T K Rajapakse, MBBS (Cey), DCH (Cey), DCH (Lond), MRCP (UK)

Dr. B S David, MBBS (Cey), DCH (Cey), DCH (Eng), MD (Cey), FRCP (Edin)

Dr. S Goonewardene, MBBS (Cey), DCH (Cey)

Prof. D G H de Silva, MBBS (Cey), FRCP (Lond), MSc (Birm), DCH (Cey), FRCP (Edin), FRCPCH(UK), FCGP

Dr. D D S de Silva, MD (Paed), DCH (Cey), FRCP (Lond)

2001

Dr. D H Karunatilaka, MBBS (Cey), DCH (Cey), FRCP (Edin)

Dr. P Shanthamali de Silva, MBBS (Cey), DCH (SL), FRCP (Lond)

Dr. M P Senanayake, MBBS (Cey), LRCP, MRCS, MD (Paed), MRCPCH (UK), FRCP (Lond)

Dr. Rasieka Jayatunge, MBBS (SL), LRCP, MRCS (Lond), DCH (Lond), MRCP (UK), FRCPCH (UK) (Honorary Fellowship)

2002

Dr. Timothy L Chambers, MBBS (Lond), MRCS (Eng), MRCP (UK), FRCP, FRCPE, FRCPI, FRCPCH (Honorary Fellowship)

2003

Prof. Ananda S B Wijekoon, MBBS (Cey), MD (Paed), DCH (Lond), MRCP (UK)

Prof. David Weatherall, FRS (Honorary Fellowship)

2004

Dr. C K Abeysekera, MBBS (Cey), DCH (Lond), MRCP (UK)

Dr. H K Welgama, MBBS (Cey), DCH (Lond), MRCP (UK)

2007

Dr. P M G. Punchihewa, MBBS (Cey), DCH (Lond), MD (Paed), FRCP(Lond)

Dr. R S Jayatilake, MBBS (Cey), DMRT (Lond), FRCP (Lond)

Dr. Shanthi Rajapakse, MBBS (Cey), DCH (Col), MD (Paed), MRCP(UK)

2008

Prof. Michael Mars, DSc (Hon), PhD, BDS, FDS, RCPS (Glas), FDS, RCS(Eng), D Orth RCS (Eng), FRCSLT (Hon), (Honorary Fellowship)

Dr. D T D Bulugahapitiya, MBBS (Cey), DCH (Glasgow), DCH (Lond), FRCP(Lond), FRCP (Glasgow) (Honorary Fellowship)

Dr. Shamya de Silva, MBBS (Col), MD (Paed), MRCP (UK)

2010

Prof. Sujeeva Amarasena, MBBS (Ruhuna), MD (Paed), DCH (Col), DCH (Syd)

2012

Dr. Chandani Wickramasinghe, MBBS (Peradeniya), MD (Paed), DCH (Col)

Dr. Mahinda Arambepola MBBS (Col), MD (Paed), DCH (Col)

2013

Prof. Dulanie Gunasekera MBBS (Cey), MD (Paed), FRCP (Lond), FSLCPaed

Prof. Deepthi K Samarage MBBS (Cey), MD (Paed), MRCP (UK)

Prof. Asvini D. Fernando MBBS (Col), MD (Paed), FRCP (Lond),FSLCPaed

Dr. Ramya de Silva MBBS (Col), DCH, DPD, MD (Paed), , FSLC(Paed),FRCP(Glasg),FRCPCH(UK)

2014

Prof. U K Jayantha MBBS (Ruhuna), DCH (Col.), MD (Paed)

2015

Dr. Babu Kumararatne MD, FRCPCH

Dr. Chrisantha Halahakoon MBBS, MD (Paed), DCH, MRCP, FRCPCH, MD(UK), MMedEd, MBA

Dr. Jeremy Raftos MBBS, (Hon) FRACP,

Prof. Suchitra Nimmannitya MD, MPH,

2016

Dr Amit Gupta DcH, MD, MRCPCH (Honorary Fellowship)

Prof Asiri Abeygunawardena MBBS, DCH, MD, MRCP(UK), FRCPCH (UK)

Dr Srinika Kularathna MBBS, DCH, MD, ODTS, MRCP, MRCPCH

2018

Prof. Vasantha Devasiri MBBS (Ruhuna), DCH (Col), MD (Paed)

Dr. LakKumar Fernando MBBS (SL), DCH, MD (Paed), MRCP (UK), MRCPCH (UK), FRCP (London)

Dr. Medha Weerasekera MBBS(Col), DCH(Col), MD(Paed), FRCP(UK)

Dr. Sandya Bandara MBBS (Pera), DCH (Col), MD(Col), MRCP(Edin), FRCP (Lond)

Dr. W D M S Dayananda Bandara MBBS(SL), DCH(SL), MD (Paed)

2019

Dr Mary Antoinette Manel Fernando MBBS (Col), DCH (Col), MD (Paed), MRCP (UK)

2021

Dr H. M. Thanuja Dharanie Kumari Herath MBBS(SL), DCH(Col), MD(Paed), MRCP(UK)

Dr Kosalakumar Wickramarachchi Karunaratne MBBS(SL), DCH(Col), MD(Paed), MRCP(UK)

2015

Dr. Babu Kumararatne MD, FRCPCH

Dr. Chrisantha Halahakoon MBBS, MD (Paed), DCH, MRCP, FRCPCH, MD(UK), MMedEd, MBA

Dr. Jeremy Raftos MBBS, (Hon) FRACP

Prof. Suchitra Nimmannitya MD, MPH

2016

Dr Amit Gupta DcH, MD, MRCPCH (Honorary Fellowship)

Prof Asiri Abeygunawardena MBBS, DCH, MD, MRCP(UK), FRCPCH (UK)

Dr Srinika Kularathna MBBS, DCH, MD, ODTS, MRCP, MRCPCH

2018

Prof. Vasantha Devasiri MBBS (Ruhuna), DCH (Col), MD (Paed)

Dr. LakKumar Fernando MBBS (SL), DCH, MD (Paed), MRCP (UK), MRCPCH (UK), FRCP (London)

Dr. Medha Weerasekera MBBS(Col), DCH(Col), MD(Paed), FRCP(UK)

Dr. Sandya Bandara MBBS (Pera), DCH (Col), MD(Col), MRCP(Edin), FRCP (Lond)

Dr. W D M S Dayananda Bandara MBBS(SL), DCH(SL), MD (Paed)

2019

Dr Mary Antoinette Manel Fernando MBBS (Col), DCH (Col), MD (Paed), MRCP (UK)

2021

Dr H. M. Thanuja Dharanie Kumari Herath MBBS(SL), DCH(Col), MD(Paed), MRCP(UK)

Dr Kosalakumar Wickramarachchi Karunaratne MBBS(SL), DCH(Col), MD(Paed), MRCP(UK)

Dr Lokuwattage Deepal Senarath Perera MBBS (Col), MD (Col), DCH (Col), MRCPCH

Professor Kottegodage Priyantha Julian Perera MBBS (Col), MD (Col), DCH (Col), MRCPCH (UK)

Professor G. D. Ishani Rodrigo MBBS (Col), MD (Col), DCH (Col), MRCP (UK), DPhil (Oxon)

2022

Dr Chithra Vamadevan MBBS, DCH, MD(Paed)

Dr Upeksha Bandumathie Liyanage MBBS (Col), DCH, MD, MRCP(Paed)

Professor Rasnayaka Mudiyanselage Mudiyanse MBBS, DCH, MD, MRCP (UK) FAIMER Fellow (USA)

Dr Somasundaram Kaneshalingam Arulmoli MBBS, DCH, MD(Paed)

Dr Baddegama Vidanelage Don Saman Palitha Abeywardana MBBS, DCH, MD(Paed)

Dr Menik Arachchige Himali Udeshika Wijesinghe MBBS, DCH, MD(Paed)

Dr Thenahandi Udaya Nandimittra De Silva MBBS, DCH, MD(Paed)

2023

Dr Sathkumara Mudiyanselage Sriyani Premamala Sathkumara, MBBS (Pera), MD (Paed), DCH

Professor Manoji Gitanjali Sathiadas, MBChB, DCH, MD (Paed), MRCPH

Professor Vithanage Pujitha Wickramasinghe, MBBS (Col), MD (Paed), DCH (Col), PhD

2024

Dr Navoda Atapattu
MD, DCH ,MRCPCH(UK), FRCPCH(UK)

Professor Andra Hennadige Heshan Malinga Jayaweera
MBBS (Peradeniya), DCH, MD (Paediatrics), FRCPCH (UK), FSLCPaed

Dr Rajapaksa Rathnayaka Menikhitihamy Mudiyanselage Nalin Chandana Kitulwatte
MBBS (Colombo), DCH (Colombo), MD (Paed), FCCM (Canada)

Professor Sanath Thushara Kudagammana
MBBS (SL.), MD (Col), DCH (Col), DAA (India)

Professor Guwani Sharika Liyanage
MBBS, DCH, MD (Paed), MRCPCH (UK)

Dr Marianne Nishani Lucas
PhD (Col), MD (Col), DCH (Col), MBBS (Col), MRCPCH (UK), FRCPCH(UK), FPSSL, IBCLC

Dr Makawitage Duminda Samarasinghe
MBBS, DCH, MD (Paed), FACC

Professor Vijayakumary Thadchanamoorthy
MBBS, DCH, MD (Pead), FRCPCH (UK)

ACADEMIC AND SERVICE ACTIVITIES
2024/2025

"To serve the children is to serve humanity at its roots"

Marian Wright Edelman

ACADEMIC AND SERVICE ACTIVITIES 2024/2025

CME Activities

Monthly Clinical Updates

The monthly clinical updates were refreshed with a new format featuring joint presentations by a general paediatrician and a subspecialist. The general paediatrician covers common presentations, while the subspecialist focuses on specific management aspects. This collaborative approach has enhanced the relevance and depth of the sessions, making them more practical and engaging for the audience.

Metabolic Disorders (30th August 2024)
Dr. Imalke Kankananarachchi and Dr. Eresha Jasinghe

Ambiguous Genitalia (25th October 2024)
Dr. Asanga Rajapakshe and Dr. Jananie Suntharesan

Acute Flaccid Paralysis (29th November 2024)
Dr. Anoma Abeygunawardana and Dr. Sanjaya Fernando

Cervical Lymphadenopathy (16th December 2024)
Dr. Prasad Chathurangana and Dr. Sandini Gunarathna

Acute Liver Failure (24th January 2025)
Dr. Dananjaya Vithange and Dr. Meranthi Fernando

Inflammatory Bowel Disease (21st February 2025)
Dr. S. Krishnapradeep and Dr. Wathsala Hathagoda

Acute Kidney Injury (21st March 2025)
Dr. Nalika De Silva and Dr. Samanthika Egodawaththe

Webinars

Overcoming Challenges in Breastfeeding (12th August 2024)
Speakers: Prof. M.G. Sathiadas, Dr. Nishani Lucus, Dr. Sathika Amarasekara, Dr. Himali Herath
Moderator: Dr. Nimesha Gamhewage

An Approach to Paediatric Poisoning in LMICs – Toxicology Forum of SLCP (9th January 2025)
Speaker: Dr. Kate Balme (Red Cross War Memorial Children's Hospital, South Africa)
Moderator: Prof. Kavinda Dayasiri

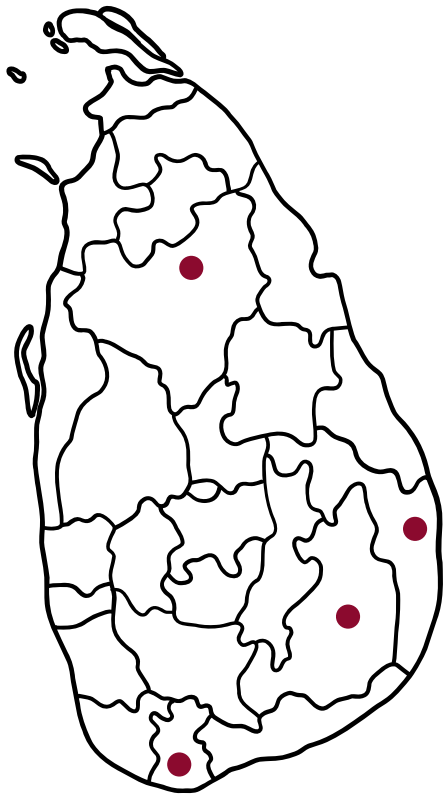
Understanding Sensory Processing in Autism: A Practical Guide for Clinicians (27th January 2025)
Speaker: Ms. Nadeesha Adhikari
Moderator: Dr. Dilini Vipulaguna

Early Intervention for High-Risk Neonates (10th February 2025)
Speaker: Prof. Samanmali Sumanasena
Jointly organised by SLCP Special Interest Groups in Early Intervention and Community Paediatrics

Acute Poisoning with Substances of Abuse in Adolescents (20th March 2025)
Speaker: Prof. Gabriela-Viorela Nițescu (University of Medicine & Pharmacy, Bucharest, Romania)
Moderator: Prof. Kavinda Dayasiri

Regional Scientific Sessions

Regional scientific sessions traditionally consist of a one-day programme aimed at doctors. However, this year, it was recognised that greater attention should be given to nurses and midwives, who play a critical role in patient care.
As a result, each regional session included dedicated sessions for both nurses and midwives, conducted in parallel by two separate teams of resource persons. Notably, midwives demonstrated strong engagement and contributed valuable insights, including suggestions for potential policy changes.



- **Galle (2nd–3rd October 2024) –**

In collaboration with the Galle Medical Association, coordinated by Dr. Hasitha Gajaweera

- **Anuradhapura – 5th & 6th November 2024**

In collaboration with Anuradhapura Clinical Society.
Coordinated by Dr Udaya de Silva & Dr Damitha Chandradasa

- **Uva (Badulla) – 28th & 29th January 2025**

In collaboration with Uva Clinical Society coordinated by Dr Chaminda Liyanage

- **Eastern (Ampara) – 24th & 25th March 2025**

In collaboration with Galoya Nimna Clinical Society Coordinated by Dr Dimuthu Tharanga

Special Subspecialty Days

Emergency day

Dos and Don’ts in Paediatric Emergencies: Learning Principles by Paediatric Intensivists was organised by the Paediatric Intensive Care Chapter of the Sri Lanka College of Paediatricians (SLCP). The event, held on 19th January 2025, at the UCFM Tower, was coordinated by Dr. Nalin Kituwatte, President of the Paediatric Intensive Care Chapter of SLCP and Dr Chamidri Naotunna. The symposium focused on a comprehensive approach to critical knowledge and best practices in paediatric emergency care, presented by leading paediatric intensivists.

Cardiology Day

A session on Best Practices in Paediatric Cardiology was held on 16th February 2025 at the Auditorium of the UCFM Tower, Colombo. Approximately 150 participants attended in person, with an additional 400 joining via an online platform. The session offered valuable and informative content, enriching the participants' knowledge and understanding of paediatric cardiology. The event was coordinated by Dr Chamidri Naotunna.

Neurology Day

A session on best practices in paediatric neurology was held on 30th March 2025 at the New Auditorium, Lady Ridgeway Hosoital, Colombo. Approximately 100 participants attended in person, with an additional 70 joining via an online platform. The event was coordinate by Dr Thilina Munasinghe.

Pulmonology Day

Overcoming the Challenges in Paediatric Pulmonology: One-Day Workshop for Paediatricians, Paediatric Trainees, Primary Care Physicians, and Medical Students was held on 26th April 2025 at UCFM Tower. The event was coordinated by Dr Anuradha Kodippili.

Rare Disease Day Symposium

The 9th Rare Disease Day Symposium, organized by the Rare Disease Forum of the Sri Lanka College of Paediatricians, was held at the New Auditorium of Lady Ridgeway Hospital. The event was graced by the Director and Deputy Director of Lady Ridgeway Hospital, along with other distinguished guests, speakers, and participants. The symposium featured engaging discussions, a free paper session, and poster presentations. In addition, the Rare Disease Forum Newsletter was officially launched, together with the Rare Disease Forum Facebook page.

All-Island Inter-University Quiz Competition

2024 on 17th October 2024 at the Sri Lanka Foundation Institute with the participation of 10 university teams. The event was conducted with the support of experienced quiz masters and judges. Teams from the Universities of Sri Jayewardenepura and Colombo secured the positions of first and second runners-up, respectively. The winners of the Quiz Competition were the team from the University of Ruhuna. This event was coordinated by Dr Malithi Guruge and Dr Chamidri Naotunna.

Inter-Organisational Collaborations

Disability Management Symposium (13th August 2024)

This symposium, jointly conducted with provincial health departments and academic institutions, addressed challenges and best practices in managing childhood disabilities, promoting regional collaboration and knowledge sharing.

Development Surveillance of High-Risk Infants (24th September 2024)

Organized by the Kalutara Clinical Society, this session focused on the early identification and surveillance of high-risk infants, offering valuable insights for improving developmental outcomes.

Overcoming Barriers: Bridging the Gap Between Global and Local Needs in Lysosomal Storage Diseases, with a Focus on Gaucher Disease (4th October 2024)

Organized by the Rare Disease Forum of the Sri Lanka College of Paediatricians and the International Gaucher Alliance, this hybrid session took place at the New Auditorium of Lady Ridgeway Hospital for Children. It aimed to bridge global and local needs in managing Lysosomal Storage Diseases, focusing on Gaucher Disease.

Symposium on Allergic Disorders in Children (8th October 2024)

Held as a hybrid session at the New Auditorium of Lady Ridgeway Hospital for Children, the event featured presentations on drug and food allergies, offering valuable knowledge and practical guidance on managing allergic conditions in paediatric populations.

Clinical Neurology Examination Workshop (20th October 2024)

Organized by the Sri Lanka Child Neurology Association, this workshop provided practical training in clinical neurology examination techniques for paediatricians and neurologists in training.

Paediatric Kidney Transplant Master Class **(**24th November 2024**)**

Organized by the Transplant Team of Lady Ridgeway Hospital for Children in collaboration with the International Pediatric Nephrology Association, Sri Lanka College of Paediatricians, and the Sri Lanka Society of Nephrologists, this session was held at Lady Ridgeway Hospital. It featured valuable input from both foreign and local speakers, making it academically successful.

Paediatric Rheumatology Course **(**30th November–1st December 2024**)**

Held at the UCFM Tower, this event was organized by the College of Specialists in Rheumatology & Rehabilitation Sri Lanka, the Asia Pacific League of Associations for Rheumatology, and the Sri Lanka College of Paediatricians. It provided important academic training in paediatric rheumatology for specialists and trainees.

Paediatric Respiratory Updates for ICU Nurses (30th December 2024)

This session, jointly organized by the Paediatric Pulmonology Team in collaboration with the Sri Lanka College of Paediatricians and the ICU Nurses Association, was held at the New Auditorium of Lady Ridgeway Hospital for Children. It was attended by nearly 150 nurses from across the island and focused on enhancing respiratory care knowledge and practices in paediatric intensive care settings.

Essential Paediatrics for General Practice (19th January 2025)

SLCP In collaboration with the College of General Practitioners of Sri Lanka conducted Essential Paediatrics for General Practice on 19th January 2025 at the UCFM Tower. This session was attended by 220 participation of paediatricians and general practitioners and paediatricians

Infantile Spasms – Early Detection (21st January 2025)

This session, jointly organized by the Sri Lanka College of Paediatricians and the Sri Lanka Child Neurology Association, took place at the New Auditorium of Lady Ridgeway Hospital for Children. It focused on newly introduced guidelines for early detection and included the official launch of the vCreate App.

Vaccines to Vaccination: TOT Workshop (7th– 8th April 2025)

Held at Cinnamon Life, Colombo, the event, organized by the International Pediatric Association and the Sri Lanka College of Paediatricians, brought together regional member countries. It focused on sharing updates on vaccination processes and fostering regional collaboration.

Training Courses

Palliative Care Course (July–August 2024)

This course addressed the holistic care needs of children with life-limiting conditions. It emphasized the importance of compassionate, family-centred care and was aimed at improving the quality of life for paediatric patients requiring palliative support.

Career Guidance Session (30th September 2024)

Held at the New Auditorium of Lady Ridgeway Hospital for Children, this session provided valuable insights for trainees, helping them explore career paths aligned with their interests and future aspirations in paediatrics.

MCQ Course for the MD-Paediatrics (Part-I)
(13th October–15th December 2024)

Conducted via the LMS platform, this course featured 10 Sunday sessions and included mock exams to support exam preparation. It was attended by 300 participants and served as a comprehensive revision programme for Part I candidates.

Data Interpretation, Case History & IOP Course for the MD Paediatrics (Part II) (9th November–21st December 2024)

Designed for MD Paediatrics Part II candidates, this course provided focused training on data interpretation, case history presentation, and IOP skills. It was attended by 89 participants.

Research

Stella de Silva Research Grant

This year 3 applicants were awarded reesearch grant from Dr Stella de Silva research Fund. Recipients and their research themes are;

- Prof Sumudu Seneviratne

"Quality of life of children and youth with Congenital Adrenal Hyperplasia (CAH) and Differences in Sex Development (DSD): a tertiary care centre-based study"

- Dr RMMP Wimalawardhana

"Clinical profile of Children presenting with language, learning, and behavior difficulties with visual behaviours suggestive of Cerebral Visual Impairment"

- Dr. KMD Fernando

"Neurocognitive and Behavioral Sequelae of Autoimmune Encephalitis in Children and Adolescents in a Sri Lankan Clinical Setting"

MRCPCH Clinical Examination in Sri Lanka

Sri Lanka College of Paediatricians (SLCP) successfully hosted the MRCPCH Clinical Examination in Sri Lanka for the first time in May 2025. This was possible due to several rounds of successful discussions and negotiations by Professor Shaman Rajindrajith and Professor Sachith Mettananda on behalf of the SLCP with the Royal College of Paediatrics and Child Health (RCPCH). The SLCP commenced the discussions with RCPCH to host the MRCPCH Clinical Examination in Sri Lanka in September 2023. In August 2024, the RCPCH approved the SLCP application to host the exam in Sri Lanka. Thereafter, through a competitive application process, the SLCP appointed Professor Shaman Rajindrajith as the Chief Examiner for the MRCPCH Clinical Exam in Sri Lanka. In October 2024, a Memorandum of Understanding (MOU) was signed between SLCP and RCPCH to conduct the MRCPCH Clinical Exam in Sri Lanka. The first-ever MRCPCH Clinical Examination in Sri Lanka was conducted at the Academic Centre of the Postgraduate Institute of Medicine on the 27th and 28th of May 2025. The Sri Lanka Host team comprised of Professor Shaman Rajindrajith, Professor Sachith Mettananda, Dr Kumudu Weerasekera, Dr Wathsala Hathagoda and Dr Tharindi Suriapperuma was ably supported by a group of Senior Registrars and Pre-intern medical graduates to organise the exam. Forty-eight candidates from seven countries (including Sri Lanka, Bangladesh, and India) took the exam, which was attended by eight examiners (including two senior examiners) from the UK and six examiners from the region (India and Nepal). Four Sri Lankan examiners, namely Professor Shaman Rajindrajith, Professor Sachith Mettananda, Dr Anoma Abeygunawardana and Professor Heshan Jayaweera, completed the MRCPCH examiner training and were promoted as MRCPCH Examiners during this exam. The organisation and the conduct of the exam were highly commended by all the foreign examiners and the Director of Education & Training of the RCPCH, who was in attendance. The MRCPCH Clinical examination is expected to be conducted annually in Sri Lanka, with the next exam scheduled for early 2026. With this initiative, Sri Lankan doctors could obtain the full MRCPCH qualification in Sri Lanka, qualifying them for GMC registration. This will enable the Sri Lankan Paediatric postgraduate trainees to easily secure training placements in the UK for their overseas training component. Also, this would strengthen the ties between the RCPCH and SLCP, leading to mutually beneficial long-term collaborations.

MRCPCH Clinical Sri Lanka Host Team with Examiners

MRCPCH Clinical Sri Lanka Host Team at the RCPCH Dinner

Creating Special Interest Groups

Special Interest Groups (SIGs) representing various paediatric subspecialties were established, comprising paediatricians and subspecialists. These groups were granted autonomy to organize workshops, educational events, and research activities aligned with their areas of expertise. Throughout the year, the SIGs remained highly active, making significant contributions to the academic landscape of the College.

SLCP Newsletter Upgrades

The SLCP Newsletter, published bimonthly since 2024, has become the regular news magazine of the Sri Lanka College of Paediatricians. While a few issues had appeared in the past, a consistent and official publication had not been established until recently.

Under the co-editorship of Dr. Jagath C. Ranasinghe and Dr. Asanga Rajapakshe, the Newsletter is now circulated regularly and archived on the College website. It provides a platform to summarise SLCP activities and announce upcoming events on a bimonthly basis. Since its launch in October 2024, three issues have been released.

The Newsletter also allows clinicians to share academic and non-academic content, fostering professional connections and recognizing the work of colleagues across the paediatric community.

SLCP Office Renovations and Upgrade

The SLCP office underwent several infrastructure enhancements to support its growing academic and administrative needs. A new projector and flexible screen were installed in the Board Room, along with extension microphones to improve the functionality of the existing Logitech video conferencing system. The Auditorium was upgraded with a Smart Board, funded through the Skills Account, and additional electrical ports were added to the main table for greater utility. The Recording Room was also equipped with professional lighting and a dedicated camera setup to enable high-quality video content production.

Organization of Work and Enhancing Communications

A staff computer network was implemented to streamline operations and enhance internal communication and file sharing. To further improve institutional communication, Google Workspace was adopted, and five official email accounts were created: office@slcp.lk, admin@slcp.lk, finance@slcp.lk, secretary@slcp.lk, and president@slcp.lk.

In addition, the Council transitioned from Zoom to Google Meet, which supports up to 500 participants. This shift enabled the discontinuation of the existing Zoom package, resulting in a reduction of monthly operational costs.

Appointing an Audit Committee

Recognizing the importance of independent oversight, an Audit Committee was established, comprising four past Presidents who are not current members of the Council. The appointed members are Dr. Asvini Fernando, Dr. Kalyani Guruge, and Professor Deepthi Samarage.

The committee was tasked with reviewing SLCP activities and providing constructive recommendations to the Council. Based on their guidance, several key improvements were implemented, including the organization of office workflows, the development of standard operating procedures (SOPs), and the initiation of a staff appraisal system.

Introduction of Life Members Database

A life members database was established to improve record-keeping and engagement. Member details were collected via a Google Form, and the data was compiled into a centralized and secure database for future use.

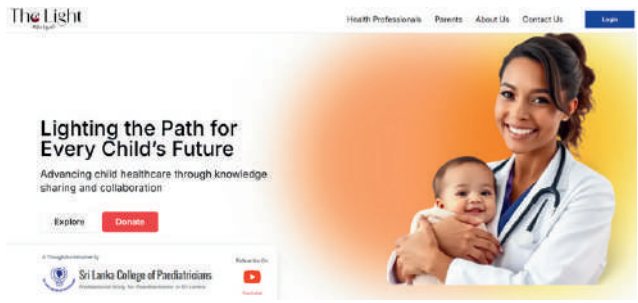
The Light"

Illuminating the Future of Paediatric Care in Sri Lanka

"The Light" is an innovative online platform initiated by the Sri Lanka College of Paediatricians, conceived by the President, Dr. Duminda Samarasinghe. It was created with the vision of enhancing child healthcare in Sri Lanka by providing accessible, reliable, and comprehensive knowledge for both the general public and healthcare providers through a single, unified space. Remarkably, the platform was developed entirely free of charge by a group of young IT engineers from Creative Software, whose contribution is deeply appreciated.

The name *"The Light"* reflects the belief that a child is not merely a vessel to be filled, but a lamp to be lit. The Light aims to guide each child toward a healthy and fulfilling life. This digital platform marks a transformative step from traditional in-person knowledge sharing to a modern, inclusive digital space. It brings together paediatricians, trainees, parents, and allied health professionals, united by one profound purpose: the health and wellbeing of children. For medical professionals, *The Light* offers access to up-to-date clinical guidelines, paediatric drug information, hospital and ICU tools, educational blogs, and regular newsletters—resources that support continuous learning and enhance clinical decision-making. For parents and caregivers, it provides clear, trustworthy, and relevant information that empowers them to make informed decisions about their children's health.

The soft launch of *The Light* platform was held on 16th May 2025 at the Auditorium of Lady Ridgeway Hospital (LRH). The platform was officially launched by Prof. Narada Warnakulasuriya, followed by an inspiring guest lecture by Dr M.T.D. Lakshan titled *"From Curiosity to Competence: How to Understand and Use AI Intelligently."* The Light not only addresses the present needs of Sri Lanka's children but also illuminates the path toward a healthier, brighter future for generations to come.



Special Projects

NAMASTE

Namaste Sri Lanka is a dynamic 5-year research project dedicated to improving early detection and care for young children with autism and other neurodevelopmental disabilities (NDDs) in Sri Lanka. Part of the broader NAMASTE (Neurodevelopment and Autism in South Asia: Treatment and Evidence) program, it collaborates with partners in India and Nepal, led locally by the Sri Lanka College of Paediatricians and the Ministry of Health. Funded by the National Institute for Health and Care Research (NIHR), the project focuses on empowering non-specialist healthcare workers through specialised training and piloting evidence-based interventions, including the WHO Caregiver Skills Training (CST) and PASS Plus. Currently active in the Colombo district, Namaste Sri Lanka integrates community engagement and involvement, public awareness, and fosters inclusive communities for children with autism and their families.

This year the project has trained 114 public health midwives (PHMs) to identify children with autism and other NDDs — 6 PHMs for each Medical Officer of Health area in the Colombo district. These midwives have now begun assessing children at the 3-year vaccination visit. A series of refresher trainings and capacity building sessions on child development and neurodiversity were conducted for doctors, public health nursing teams, and PHMs over the year. The Namaste Sri Lanka team is actively running a social media campaign to raise awareness on autism and neurodiversity, alongside various child development promotion activities. The most significant event involved collaboration with the SLCP and the Uva Clinical Society to conduct a two-day workshop on NDDs for the medical team and educators in Badulla. They also organised an inclusive book reading event for World Autism Awareness Day, and this year proudly presented four posters at the International Society for Autism Research (INSAR) conference in the US.

Little Hearts Project

Little Hearts project was initiated by the Sri Lanka College of Paediatricans (SLCP) in 2016 with some concerned citizens of Sri Lanka to construct a cardiac and critical care complex at the Lady Ridgeway Hospital.

The project was initiated in 2016 with due permission of the Ministry of Health (MoH) to collect funds to construct a 12-storey cardiac and critical care complex. A triparty MOU was signed between the MoH, National Health Development Fund and the SLCP on 17th February 2017 to this regard.

Construction of the building was handed over to the Civil Engineering Division of the Sri Lanka Navy. Cost of construction was projected to be 2.7 billion LKR in 2016 but went up to 4.7 billion LKR after the economic crisis. Generally, in a project like this, the cost of the equipment is almost equal to the cost of the building, which is around 13million USD.

Up to 31st December 2024, we have raised Rs. 991,290,076.82 through donations and Rs. 376,730,987.55 as the interest earned for the above amount deposited at the National Health Development Fund.

To date, we have transferred Rs. 580,000,000.00 to the Sri Lanka Navy to purchase material for construction and Rs. 81,397,296.72 to the Ceylon Electricity Board for a power connection.

In addition, a donation of one billion rupees from Eng. Nahil Wijesuriya, is deposited in DFCC bank under the Sri Lanka College of Paediatricians which will be used for fixing of the Air condition system of the building.

Sri Lanka Navy is planning to complete construction and handover the building to commence patient services by 31st of December 2025.

In order to make this building fully functional, The Rotary is conducting a special project to raise one million USD to purchase equipment.

Dr Duminda Samarasinghe
President – SLCP
Project Coordinator – Little Hearts
20th April 2025

SLCP Buidling Project

The office of the Sri Lanka College of Paediatricians is currently located at 44/1 Ghanartha Pradeepaya Mawatha, Colombo 10, opposite the Maradana Road entrance of Lady Ridgeway Hospital in a renovated old house. The college had been working towards accomplishing a new building over the past few years. We experienced a setback on this project due to the COVID-19 pandemic and the ensuing economic crisis.

This year, we worked towards making the new building a reality. The finance committee, together with the building committee, has initiated a transparent bidding process to identify a suitable construction company, and we are hopeful that we will be able to commence construction in the coming weeks.

A four-story building is planned, and members will benefit as they can obtain accommodation in Colombo when participating in official commitments and examinations. This is considered the main objective of the new building project.

Child Protection Committee

The Child Protection Committee conducted a series of impactful academic and training programmes to enhance the child protection capacity of healthcare and early childhood professionals. Level 2 Child Protection Courses were organised for Pre-MD Stage 1 trainees at the Post Graduate Institute of Medicine (PGIM) in Colombo. A comprehensive two-day course was held in October 2024 for post-MD Stage 4 trainees preparing for overseas training. Under the national initiative "Creating Safe Communities for Children", the CPC partnered with the Hemas Outreach Foundation and the National Secretariat for Early Childhood Development to provide specialised training to ECD officers in the Western, Northwestern, and Southern Provinces. In collaboration with the Family Health Bureau, the CPC launched a series of awareness programmes for all relevant stakeholders regarding the Standard Operating Procedure (SOP) outlined in the Ministry of Health Circular 01-32/2023. This SOP is intended for the management of children who have experienced violence. The first programme took place in the Southern Province on 23 May 2025 in Galle, attracting 197 participants and receiving positive feedback. The CPC laid the foundation stone for a second Lama Piyasa facility at the National Hospital, Galle, in January 2024.

The Roshan Mahanama Trust funds the project, and the Sri Lanka Army provides construction labour at no cost. Completion is expected by July 2025.Plans for the third Lama Piyasa are underway in the Northern Province, with land identified at DGH Thellipalai.

The CPC played an active role in national advocacy efforts to protect children's rights through engagement with policymakers and the media: Opposition to Penal Code Amendments (Sections 363 & 364) and Media Ethics Concerning Child-Related Incidents.

In 2024, the CPC established a strategic partnership with Rage.lk, a non-governmental organisation composed of legal professionals. The group has committed to supporting the CPC in its child protection and advocacy efforts, thereby enhancing the committee's capacity for legal guidance and collaborative action.

Notable International Representation

31st International Pediatric Association Congress 2025
(8th–11th May 2025) held at Mexico City, Mexico

Professor Pujitha Wickramasinghe participated as an IPA Voting Delegate and Standing Committee Member, representing the Sri Lanka College of Paediatricians at this prestigious international event.

Dr. Lakkumar Fernando attended as a Representative to the IPA Election Committee, contributing to key organizational decisions during the Congress.

Kasun Anuradha Jayasundara took part in the Vaccine Workshop, engaging in knowledge exchange and capacity building in global immunization practices.

ADVANCED PAEDIATRIC LIFE SUPPORT (APLS) COURSE

LOCAL COURSES CONDUCTED AT LRH - F2F

APLS - local	2024.04.08	LRH	23 Doctors		F2F - in Person
APLS - local	2024.05.13	LRH	21 Doctors	2 Nursing Officers	F2F - in Person
APLS - local	2024.05.20	LRH	24 Doctors	1 Observer	F2F - in Person
APLS - local	2024.05.29	Karapitiya	22 Doctors		F2F - in Person
APLS - local	2024.06.18	LRH	22 Doctors	1 Observer	F2F - in Person
APLS - local	2024.07.08	LRH	24 Doctors		F2F - in Person
APLS - local	2024.07.22	LRH	22 Doctors	2 Nursing Officers	F2F - in Person
APLS - local	2024.08.06	Peradeniya	23 Doctors		F2F - in Person
APLS - local	2024.08.12	LRH	21 Doctors		F2F - in Person
APLS - local	2024.08.20	LRH	22 Doctors		F2F - in Person
APLS - local	2024.10.09	LRH	22 Doctors	2 Nursing Officers	F2F - in Person
APLS - local	2024.10.21	LRH	27 Doctors		F2F - in Person
APLS - local	2024.10.28	LRH	22 Doctors		F2F - in Person
APLS - local	2024.11.05	Peradeniya	23 Doctors		F2F - in Person
APLS - local	2024.11.11	LRH	18 Doctors		F2F - in Person
APLS - local	2024.12.10	LRH	20 Doctors		F2F - in Person
APLS - local	2025.01.15	LRH	19 Doctors	2 Nursing Officers	F2F - in Person
APLS - local	2025.01.27	LRH	23 Doctors		F2F - in Person
APLS - local	2025.02.04	Bandarawela	18 Doctors	5 Nursing Officer	F2F - in Person
APLS - local	2025.03.10	LRH	24 Doctors		F2F - in Person
APLS - local	2025.03.26	LRH	24 Doctors		F2F - in Person

FACULTY

Srilal de Silva	Madushan.B.Herath
Bhiruntha Sivakanthan	Kavinda Dayasiri
Sharmila Tissera	Thomas Georgeson
Channa De Silva	Punyani KP Banduthilaka
Pyara Ratnayake	Amila De Silva
Navoda Atapattu	Asanga S Rajapakshe
Nalin Kitulwatte	Chaminda Liyanage
Viraj T Jayasinghe	Dilusha.C.Atukorale
Manjula Hewageegana	Nalaka Jayasinghe
Prasanna Nadaraja	Sajeewani Silva
Chanaka Ratnayake	Lushan N Perera
Sepali Illagakoon	Nimantha Dananjaya
Cryshantha Dalpadatu	Nalaka Jayasinghe
Anoma Abeygunawardana	Nimantha Priyalath
Michael Jansz	Uthpala Herath
Jithma Ruwini Fonseka	Chandana Kekulawala
Wathsala Hathagoda	P.B.R.I.Siriwardhana
S.Kamaladeepan	H.M.I.U.K.Herath
Dimuthu Tharanga	Amali Dalpatadu
Mohamed Hassan Sharmy	Nandana Jayathilake
Cryshantha SA.Dalpatadu	Pathum Dissanayake
Duminda Samarasinghe	Achala Rathnayake
Shobhavi Randeny	Amawasi Bandara
Udaya De Silva	Anula Indrani Fonseka
T.D.P.Kurupu	Jagath Ranasinghe
Srinika Kularathna	Kanchana Gunasekara
Chandana Kekulawala	Pushpika Jayawardana
Chulanga Wickramasinghe	Nayomi De Silva
Indika Hewage	Thilina Munasinghe
Jalith Hasanjith Liyanage	Aruna Herath
Krishnapradeep.S	Kapilani Withanarachchi
Thushara Kudagammana	Chathurika Weerarathna
Vajira Bandara	Aanjeli Wimalasiri
R.M.Mudiyanse	L.H.C.T.Lokuhewage
Sandya Doluweera	Nisanki Vithana
Samantha Deshapriya	W.K.Gayan Hemantha
Jayanth Liyanage	T.B.N.D.Jayatissa

Manjula Amarathunga	Kasun Ariyaratna
Manohari Liyanage	Nirmani Sachinthana Samaradiwakara
Upeksha Liyanage	Dinusha Fernando
Jagath Wijayarathna	Sampath Marapana
Sajitha Gunasekara	Supun Wijesuriya
Sham Weerasinghe	Chathuri Weerasinghe
Priyanga Dematawewa	M.A.A.Malik
D.A.T.Padmathilaka	Y.H.S.T.Yapa
W.A.A.K.Wickramasinghe	P.B.L.Buddhima
Lukshiga Sanmugaratnam	H.G.U.Sandakelum
Sanuri Gayara Pandikorala	Thanurshiya Sivalingam
Damindi Wanniarachchi	Umesha Sulakshi
Vindya Ramanayake	M.B.C.N.Kulugammana
Lavanja Siyanath	E.U.De Silva
Oshini Muthukumara	Amanda Martin
W.R.S.Soysa	Miyuru Hasanga Manawadu
K.R.Lankapriya	P.Rithanchana
Ayesha Yaddehi	

AUSTRALIAN ADVANCED PAEDIATRIC LIFE SUPPORT (APLS) PROVIDER COURSE

APLS	2025.04.04	Foundation Institute - Colombo	24 Doctors	F2F - in Person

FACULTY

Jacquie Schutz (Australia)	Ruwanthi Perera
Jane Cichero (Australia)	Amawasi Bandara
Adam Buckmaster (Australia)	Jayajeewa P.Sugathapala
Tom Georgeson (Australia)	Parami Gunasekara
Gamini Wijerathne (Australia)	S.Krishna Pradeep
Dulani Siddhisena (Australia)	Ruwanthi Perera
Srilal de Silva	Amawasi Bandara
Bhiruntha Sivakanthan	Chaminda Liyanage
Punyani K.P. Banduthilaka	Chulanga Wickramasinghe
Nirubaa umasank	Dilusha C. Athukorala
Shobavi Randeni	Wathsala Hathagoda
S.Krishna Pradeep	

AUSTRALIAN GENERIC INSTRUCTOR COURSE (GIC)

TOT - International	2025.04.09	Hotel Grand Kandyan - Kandy	23 Doctors

GIC PARTICIAPNTS

Aanjali Wimalasiri	K.Srinika.D Kuleratne
Dinesh Weerasinghe	Ismail Ejaz Ali
Dhananjaya Nimantha	Nandana Jayathilaka
Jagath Wijayarathna	Suchithra Cooray
Thilina Madhushanka	Nayani Anuruddhika Surawera
Jithma Fonseka	Achala Nilmini Ratnayake
M.H.S.M Hassan	Thanuara U.D Denipitiya
Thusirini Kurupu	Kanchana Gunasekara
Sham Weerasinghe	K.Dilena Munasinghe
Vishnu Sivapatham	Kanchana Kumuduni
Chathurika Weeraratne	Kasun Jayasundara
K.H.Wasantha.P.Disanayake	

GIC FACULTY

Jacquie Schutz (Australia)	Srilal de Silva
Jane Cichero (Australia)	Anoma Abeyagunawardana
Adam Buckmaster (Australia)	Sharmila Tissera
Gamini Wijerathne (Australia)	Bhiruntha Sivakanthan
Dulani Siddhisena (Australia)	Udaya de Silva
Jacquie Schutz (Australia)	Micheal Janze
Jane Cichero (Australia)	S.Krishna Pradeep
K.L.Wathsala Hathagoda (Coordinator)	

INTERNATIONAL PAEDIATRIC SIMULATION WORKSHOP

TOT - International	2024.09.09	LRH	20 Consultants

FACULTY

Dr.Ebor Jacob Gnananayagam (India)	Dr.Tom Georgeson (Australia)
Jane Cichero (Australia)	Dr.Bhiruntha Sivakanthan (Sri Lanka)
Dr.Mike Shepherd (New Zealand)	Dr.Srilal de Silva (Sri Lanka)
Dr.Damaya Rasanathan (New Zealand)	

PARTICIPANTS

Dr.A.D.Abeygunawardana	Dr.Chulanga Wickramasinghe
Dr.S.Krishna Pradeep	Dr.Sajeewani Silva
Dr.Dilusha C.Athukorala	Dr.Chamila Perera
Dr.Prasanna Nadaraja	Dr.Indika Srimathi Kanakke Hewage
Dr.Michael Jansz	Dr.S.A.N.A.Suraweera
Dr.Amali Dalpadatu	Dr.Rasnayake Mudiyanse
Dr.Cryshantha Dalpadatu	Dr.Wathsala Hatagoda
Dr.Udaya De Silva	Dr.Sadhana Parami Gunasekara
Dr.Anula Indrani Fonseka	Dr.Kavinda Dayasiri
Dr.Gihan Sanjeewa Samarasekara	Dr.Thushini D.L.Goonewardene
Dr.Sithara Yapa (SR)	Dr.Udara Sandakelum (SR)
Dr.Rajitha Soysa (SR)	. Dr.Nirmani Sachinthana (SR)

PAEDIATRIC LIFE SUPPORT (PLS) COURSE

LOCAL COURSES CONDUCTED AT LRH - F2F

PLS	2024.05.02	LRH	24 Doctors		F2F - in Person

FACULTY

Dr.Srilal de Silva	Dr.Nirmani Sachinthana Samaradiwakara
Dr.Sithara Yapa	Dr.Amila Padmathilake
Dr.Sajeewani Silva	Dr.M.A.A.Malik
Dr.L.Lavanja	Dr.Amanda Martin
Dr.Oshini Muthukumarana	Dr.Udara Sandakelum

CRISIS RESOURSE MANAGEMENT (CRM) COURSE –F2F

CRM	2024.06.27	LRH	15 Doctors		F2F - in Person
CRM	2024.09.26	LRH	17 Doctors		F2F - in Person

FACULTY

Dr.Srilal de Silva	Dr.Asanga Rajapaksha
Dr.Bhiruntha Sivakanthan	Dr.Amali Dalpadatu
Dr.Anoma Abeygunawardana	Dr.Lakshitha Samaranayake

CRM PARTICIAPNTS

Dr.E.U.De Silva Jayawarna	Dr.Rithanchana Prashana
Dr.W.M.C.L.Weerasinghe	Dr.Y.H.S.T.Yapa
Dr.W.R.S.Soysa	Dr.N.D.Vithana
Dr.M.H.Manawadu	Dr.S.G.Pandikorala
Dr.R.K.N.S.Samaradiwakara	Dr.Thanurshiya Sivalingam
Dr.D.S.P.Y.R.De Silva	Dr.R.U.Sulakshi
Dr.D.A.T.Padmathilake	Dr.A.S.J.Amartin
Dr. M.A.F.Shahnaz	Dr.P.D.O.Dilanka
Dr.H.M.S Herath	Dr.K.A.S.K.Yogananda
Dr.T.W.Epa	Dr.R.D.U.P.Chandrasiri
Dr.O.N.M.Fonseka	Dr.R,M.C.S.Rajapaksha
Dr.K.G.Ruwanpathirana	Dr.N.P.P.W.Jayarathna

Dr.S.S.Jayasundara	Dr.G.A.H.Sewwandi
Dr.R.M.S.A.B.Rajapaksha	Dr.H.M.G.N.Senevirathna
Dr.K.T.D.Priyadarshani	Dr.W.S.P.Y.U.S.Yapa
Dr.Nilanka Mudithakumara	S.N.Senarathne

TRAINER OF TRAINEE (TOT) LOCAL COURSE – LOCAL COURSES CONDUCTED AT LRH - F2F

T/O/T	2024.11.25	LRH	13 Doctors		F2F - in Person

FACULTY

Dr.Srilal de Silva	Dr.Sharmila Tissera
Dr.Bhiruntha Sivakanthan	Dr.Micheal Janze
Dr.Anoma Abeygunawardana	

NEONATAL LIFE SUPPORT (NLS) COURSE

	Date	Venue	Number of Doctors	Number of Nurses
NLS	2024.04.22	LRH	24 Doctors	
NLS	2024.04.25	Castle Women Hospital	25 Doctors	05 Nurses
NLS	2024.04.30	Kadugannawa	14 Doctors	15 Nurses
NLS	2024.05.17	LRH	20 Doctors	01 Nurse
NLS	2024.05.28	Castle Women Hospital	13 Doctors	15 Nurses
NLS	2024.05.30	Anuradapura	20 Doctors	10 Nurses
NLS	2024.05.31	Kadugannawa	12 Doctors	15 Nurses
NLS	2024.06.14	Kadugannawa	11 Doctors	20 Nurses
NLS	2024.06.25	Castle Women Hospital	15 Doctors	06 Nurses
NLS	2024.06.28	LRH	18 Doctors	06 Nurses
NLS	2024.06.28	Karapitiya	25 Doctors	10 Nurses
NLS	2024.06.28	Kadugannawa	09 Doctors	20 Nurses
NLS	2024.07.14	Ratnapura	21 Doctors	01 Nurse
NLS	2024.07.30	LRH	21 Doctors	01 Nurse
NLS	2024.08.01	Castle Women Hospital	25 Doctors	10 Nurses
NLS	2024.08.15	Castle Women Hospital	20 Doctors	10 Nurses
NLS	2024.10.15	Castle Women Hospital	25 Doctors	15 Nurses
NLS	2024.10.28	LRH	24 Doctors	01 Nurse
NLS	2024.11.21	Sri Jayawardanapura General Hospital	18 Doctors	15 Nurses
NLS	2024.12.06	Kurunegala	22 Doctors	03 Nurses
NLS	2024.12.08	Karapitiya	30 Doctors	-
NLS	2024.12.17	Kadugannawa	08 Doctors	18 Nurses
NLS	2024.12.19	LRH	22 Doctors	03 Nurses
NLS	2024.12.15	Mulleriyawa	19 Doctors	11 Nurses
NLS	2024.12.24	Castle Women Hospital	25 Doctors	15 Nurses
NLS	2024.12.25	Sri Jayawardanapura General Hospital	20 Doctors	15 Nurses
NLS	2025.02.15	LRH	22 Doctors	

NLS	2025.02.20	Karapitiya	24 Doctors	
NLS	2025.03.06	Nuwara Eliya	20 Doctors	10 Nurses
NLS	2025.03.07	Nuwara Eliya	25 Doctors	10 Nurses
NLS	2025.03.10	Nuwara Eliya	25 Doctors	05 Nurses
NLS	2025.03.29	LRH	21 Doctors	

NLS FACULTY

Rajeev Sathanandarajah	Muyuru Hasanga Manawadu
Kapilani Withanaarachchi	Dr.Anura
Shyama Basnayake	T.B.N.D. Jayatissa
Jithma Ruwini Fonseka	Shyama Ananda
Sandya Doluweera	T.D.A.T.C.Thanthiriarchchi
M.B.C.N.Kulugammana	Wasantha Vithana
T.Thirusun	N.M.J.Cooray
M.A.A.Malik	Wasantha Vithana
Chathuri Weerasinghe	Kanchana Gunasekara
H.G.U.Sandakelum	Sanuri Senevirathna
Nalika Menike	Nimesha Gamhewage
K.R.Hettiarachchi	Kumudini Cooray
W.R.S.Soysa	Chathurani Ariyarathne
Y.H.S.T.Yapa	R.Mathan
S.Niththiyaruban	D.Rukshan
Sangeetha Wickramaratne	W.M.P Weerakoon
Oshini Muthukumarana	Chathurani Ariyarathne
M.A.De.Zoysa	R.Mathan
Shayamali Jayakody	D.Rukshan
Kaushalya.A.S. Gomez	W.R.S.Soysa
Amanda Martin	A.R.V.Gunasinghe
A.R.D.V.S Ramanayake	D.S.P.Y.R.De Silva

27th Annual Scientific Congress of the
Sri Lanka College of Paediatrcians

ACADEMIC PROGRAMME 2025

"Organize and Collaborate for Cost-Effective and Meaningful Care"

Pre-congress workshop:

NEONATAL AND PAEDIATRIC EMERGENCIES

7TH JUNE 2025, UCFM TOWER, FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO

0800 onwards	Registration
0850 - 0900	OPENING REMARKS Dr. Duminda Samarasinghe- *President, Sri Lanka College of Paediatricians*
0900 - 0930	GUEST LECTURE **Neuroprotection in Raised Intracranial Pressure** Professor Simon Craig - *Emergency Physician, Monash Medical Centre, Monash Health, Australia*
0930-0950	GUEST LECTURE **Acute Respiratory Distress Syndrome** Dr Nalin Kitulwatte - *Consultant Paediatric Intensivist, Lady Ridgeway Hospital for Children, Sri Lanka*
0950 - 1035	RAPID FIRE: NEONATAL EMERGENCIES **Pneumothorax** Dr Nalin Gamaathige - *Consultant Neonatologist, De Soysa Maternity Hospital, Sri Lanka* ***Therapeutic Hypothermia: When to Do and When Not to Do*** Dr Sanjeewa Thennakoon - *Consultant Neonatologist, Colombo North Teaching Hospital, Sri Lanka* **Pulmonary Haemorrhage** Dr Kapilani Withanaarachchi - *Consultant Paediatrician, National Hospital, Galle, Sri Lanka*
1035 -1105	Tea
1105 -1225	SCENARIO-BASED GROUP DISCUSSIONS: PAEDIATRIC EMERGENCIES **Septic Shock** Dr Shanthini Ganesan - *Consultant Paediatrician, Colombo South Teaching Hospital, Sri Lanka* Dr Michael Janz - *Consultant Paediatrician, Lady Ridgeway Hospital for Children, Sri Lanka* Dr Nalin Kitulwatte - *Consultant Paediatric Intensivist, Lady Ridgeway Hospital for Children, Sri Lanka*

Anaphylaxis
Dr Sri Lal de Silva - *Consultant Paediatrician & Training Coordinator, Sri Lanka College of Paediatricians*
Dr Lalith Gamage - *Staff Specialist, Women's & Children's Hospital, Adelaide, Australia*
Dr Wathsala Hathagoda - *Senior Lecturer in Paediatrics, University of Colombo, Sri Lanka.*

Diabetic Ketoacidosis
Professor Simon Craig - *Emergency Physician, Monash Medical Centre, Monash Health, Australia*
Dr Samantha Deshapriya - *Consultant Paediatric Intensivist, National Hospital, Galle, Sri Lanka*
Dr Dinendra Siriwardhane - *Consultant Paediatric Endocrinologist, Colombo South Teaching Hospital, Sri Lanka*

Status Epilepticus
Professor Saraji Wijesekara - *Professor in Paediatric Neurology, University of Sri Jayewardenepura, Sri Lanka*
Dr Amali Dalpatadu - *Consultant Paediatrician, General Sir John Kotelawala Defence University, Sri Lanka*
Dr Deshan Adihetty - *Consultant Paediatric Intensivist, Lady Ridgeway Hospital for Children, Sri Lanka*

1225 -1335 INTERACTIVE QUIZ
Neonatal & Paediatric Emergencies
Dr Sham Weerasinghe - *Consultant Paediatric Intensivist, Sirimavo Bandaranayake Specialized Children's Hospital, Sri Lanka*
Dr Anoma Abeygunawardana - *Consultant Paediatrician, BH Homagama, Sri Lamka*
Dr Nimesha Gamhewage - *Consultant Neonatologist, South Teaching Hospital, Sri Lanka*

1335 Lunch

Pre-congress workshop:

TIMELY RECOGNITION & EFFECTIVE MANAGEMENT OF CHILDHOOD DISORDERS

8TH JUNE 2025, UCFM TOWER, FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO

0730 onwards	Registration
0820	OPENING REMARKS Dr. Duminda Samarasinghe - *President, Sri Lanka College of Paediatricians*
	SESSION 1
0830-0900	GUEST LECTURE **Medical Management of Neuromuscular Disorders** Dr Anirban Majumdar - *Consultant in Paediatric Neurology, Bristol Royal Hospital for Children, United Kingdom*
0900-0930	GUEST LECTURE **Supporting Children with Neuro-disability: The Paediatrician's Palliative Role** Professor Megan Doherty - *Associate Professor in Paediatrics, Palliative Medicine, University of Ottawa, Canada*
0930-1030	GROUP DISCUSSIONS TRACK 1 **Group 1: Neuro-rehabilitation Interventions in Chronic Neuromuscular Disorders** Dr Anirban Majumdar - *Consultant in Paediatric Neurology, Bristol Royal Hospital for Children, United Kingdom* Dr Chryshanth Dalpatadu - *Paediatric Neurologist, Colombo North Teaching hsopital, Sri Lanka* Dr Jayathri Jagoda - *Consultant in Rheumatology and Rehabilitation, Lady Ridgeway Hospital for Children, Sri Lanka* **Group 2: A Holistic Approach to Endocrine, Respiratory, and Palliative Care in Neurodisabilities** Dr Gayatri Palat - *Associate Professor, Pain and Palliative Medicine, MNJ Institute of Oncology and Regional Cancer Centre in Hyderabad, India* Dr Ganganath Gunathilake - *Consultant Paediatric Pulmonologist, National Hospital, Galle, Sri Lanka* Dr Anuradha Kodippilli - *Consultant Paediatric Pulmonologist, Lady Ridgeway Hospital for Children, Sri Lanka* Dr Chamidri Naotunna - *Consultant Paediatric Endocrinologist, Teaching Hospital Ratnapura, Sri Lanka*

TRACK 2

Group 3: Investigating Lower Motor Neuron Disorders

Dr Sanjaya Fernando - *Consultant Paediatric Neurologist, Lady Ridgeway Hospital for Children, Sri Lanka*

Dr Priyanka Rupasinghe - *Consultant Paediatric Neurologist, Teaching Hospital Anuradhapura, Sri Lanka*

Group 4: Differential Diagnosis in Neuromuscular Disease: Mapping the Lesion and Identifying Muscle Disease

Professor Jithangi Wanigasinghe - *Professor in Paediatric Neurology, University of Colombo, Sri Lanka*

Dr Thilina Munasinghe - *Consultant Paediatric Neurologist, Lady Ridgeway Hospital for Children, Sri Lanka*

1030-1100 Tea

SESSION 2

1100-1120 GUEST LECTURE

Recognizing Neurogenic Bladder in Children: Are We Missing the Signs?

Dr Vindya Gunasekera - *Consultant Paediatric Nephrologist, Lady Ridgeway Hospital for Children, Sri Lanka*

1120-1150 **Early Intervention for Hypertonia**

Dr Nayomi Senarathne - *Consultant in Rehabilitation Medicine*

1150-1300 PRACTICAL WORKSTATIONS:

TRACK 1

Group A: Managing Spasticity in Children with Neurological Disorders

Professor Sameer Zuberi - *Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom*

Dr Chamara Jayathunga - *Consultant in Rehabilitation Medicine, Rheumatology & Rehabilitation Hospital, Ragama, Sri Lanka*

Dr Jayathri Jagoda - *Consultant in Rheumatology and Rehabilitation, Lady Ridgeway Hospital for Children, Sri Lanka*

Group B: CVI interventions: Enhancing Visual Function and Daily Living

Dr Pyara Ratnayake - *Consultant Paediatric Neurologist, Lady Ridgeway Hospital for Children, Sri Lanka*

Dr Dilini Vipulaguna - *Consultant Community Paediatrician, Colombo North Teaching Hospital*

Dr Gayan Sampath - *Consultant Community Paediatrician, Faculty of Medicine, University of Sabaragamuwa, Sri Lanka*

TRACK 2

Group C: Neurogenic Bladder: Effective Management

Professor Shenal Thalagahagoda - *Professor in Paediatric Nephrology, University of Peradeniya, Sri Lanka*

Dr Inoka Perera - *Consultant Paediatric Nephrologist, Lady Ridgeway Hospital for Children, Sri Lanka*

Dr Dinesh Marasinghe - *Consultant Paediatric Nephrologist, Teaching Hospital Anuradhapura, Sri Lanka*

Group D: Immunodeficiency in Children: Early Detection and Treatment Strategies

Dr P W P Chathurangana - *Senior Lecturer, University of Colombo, Sri Lanka*

Dr Dhanushka Dassanayake - *Consultant Immunologist, Medical Research Institute, Sri Lanka*

Dr Dhammika Vidanagama - *Consultant Microbiologist, Lady Ridgeway Hospital for Children, Sri Lanka*

1300 Lunch

Inauguration Ceremony

8TH JUNE 2025, MONARCH IMPERIAL, SRI JAYAWARDENEPURA KOTTE

18:00	Guests to take their seats
18.10	Arrival of the Chief Guest, Guest of Honour
18:15	Ceremonial Procession, National Anthem & Lighting of the Oil Lamp
18:20	Welcome Address Dr Duminda Samarasinghe *President, Sri Lanka College of Paediatricians*
18:40	Address by the Guest of Honour Eng. Nahil Wijesuriya *Chairman and CEO, East-West Group of Companies*
18:50	Address by the Chief Guest Professor John Simpson *Professor of Paediatric and Foetal Cardiology* *Evelina London Children's Hospital, UK*
19:05	Sri Lanka College of Paediatricians Fellowships & Awards Book Launch
19:53	Professor CC de Silva Memorial Oration "Ensuring Early Learning for Better Opportunities through Multi-Stakeholder Collaborations" By Professor Samanmali P Sumanasena, *Professor in Paediatric Disability,* *University of Kelaniya*
20:15	Vote of Thanks Dr Anuradha Kodippili *Honorary Secretary, Sri Lanka College of Paediatricians*
20:15	Cultural Programme
20:45	Fellowship & Dinner

MAIN CONGRESS: DAY 1

9TH JUNE 2025, MAIN BALLROOM, MONARCH IMPERIAL, SRI JAYEWARDENEPURA KOTTE

0630 onwards	Registration
0730 - 0830	BREAKFAST SESSION **Acid-Base Disorders in Paediatric Kidney Disease: A Case-Based Approach** Moderator Professor Asiri Abeyagunawardene - Senior Professor of Paediatrics, University of Peradeniya, Sri Lanka Panel Professor Detlef Böckenhauer - *Professor of Paediatric Nephrology, University College London, Honorary Consultant at Great Ormond Street Hospital NHS Foundation Trust, United Kingdom* Dr Vindya Gunasekera - *Consultant Paediatric Nephrologist, Lady Ridgeway Hospital for Children, Sri Lanka* Professor Randula Ranawaka - *Professor in Paediatric Nephrology, University of Colombo*
0830 - 0900	PLENARY **The Earlier You Find, the Better You Treat: Inflammatory Bowel Disease in Children** Professor Mark Beattie - *Lead for Paediatric Gastroenterology and Nutrition, Southampton General Hospital, United Kingdom* KEYNOTE ADDRESS **The Crucial Need for Professionalizing Alternative Care for Children in Sri Lanka: A Way Forward** Professor Harendra de Silva - *Emeritus Professor of Paediatrics, University of Colombo, Sri Lanka*
0930-1015	DR STELLA G. DE SILVA MEMORIAL ORATION **"Medical management of thalassaemia: Pushing boundaries with limited resource"** By Professor Sachith Mettananda - *Professor of Paediatrics, University of Kelaniya, Sri Lanka*
1015-1045	Tea

TRACK 1: Parallel Session

1045-1115 GUEST LECTURE

Bronchopulmonary Dysplasia: From NICU to Long-Term Outcomes

Professor Ian Sinha - *Consultant Respiratory Paediatrician, Alder Hey Children's Hospital, United Kingdom*

1115-1230 SYMPOSIUM: Neuro-behavioural Disorders

Paediatric Movement Disorders: A Clinical Guide

Dr Anirban Majumdar - *Consultant in Paediatric Neurology, Bristol Royal Hospital for Children, United Kingdom*

Sleep Disorders in Children with Neuro-Behavioural Conditions: A Practical Approach for Management

Professor Sameer Zuberi - *Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom*

Learning difficulties: What can a Paediatrician do?

Dr Anuradha Herath - *Senior Lecturer in Psychiatry, University of Colombo, Sri Lanka*

TRACK 2: Parallel Session

1045-1115 GUEST LECTURE

Diet in Gastrointestinal Disorders: A Practical Approach

Dr Rakesh Vora - *Paediatric Gastroenterology Consultant, Evelina London Children's Hospital, Guy's & St Thomas' Hospitals, Foundation NHS Trust, United Kingdom*

1115-1230 SYMPOSIUM: Nutrition

Vegetarian and Vegan Diets in Children: Ensuring Nutritional Adequacy

Dr Jayani Jayaweera - *Consultant Nutrition Physician, Colombo South Teaching Hospital, Sri Lanka*

Feeding Children with Neuro-disability

Professor Mark Beattie - *Lead for Paediatric Gastroenterology and Nutrition, Southampton General Hospital, United Kingdom*

Multidisciplinary Approach in Optimizing Nutrition in the NICU

Dr Viraraghavan Ramaswamy - *Consultant Neonatologist, Ankura Hospital for Women and Children, Hyderabad, India*

1230-1330 FREE PAPER PRESENTATIONS (HALL A & HALL B)

OP 03 - Mode of intravenous hydrocortisone in reducing infusion-related reactions; while using anti-thymocyte globulin for conditioning children undergoing bone marrow transplantation
P L S P Vitharana, P Nimal, N G S M Narangaspitiya

OP 04 - Determination and validation of a weight-for-age z score deviation threshold to determine growth faltering in term-born normal birth weight children: Sri Lanka Child Growth Cohort (SLCGC)
Shreenika D S Weliange, Yasaswi N Walpita, Guwani Liyanage, Indika Siriwardena, Upul Senarath, Dhammica Rowel, Abner Daniel, Jagath Ranasinghe, Gitanjali Sathiadas, V Pujitha Wickramasinghe on behalf of Sri Lanka Child Growth Cohort (SLCGC)

OP 05 - Acute Kidney Injury in critically ill children at a tertiary care paediatric intensive care unit in Sri Lanka: incidence, aetiology, risk factors, and clinical outcomes – A preliminary report
Randula Ranawaka, Nadeesha Jayasekera, Erandima Sandamali, Sayeeshan Thiruchelvanathan, Divyanjalee Rajapaksha, Abiramie Jey Krishna, Balasundaram Aravinthan, Deshan Adhihetty, Nalin Kithulwatta

OP 06 - Feasibility of a community-based nutrition intervention for children aged 6 to 59 months
M G Sathiadas, S Yalini, S Kumaran, S Pathirana

OP 10 - Patterns and practices of prescriptions for children under five: A multi-centre study in Sri Lanka
Kavinda Dayasiri, Gihan Gunarathna, Aruna De Silva, Nirubaa Umasankar, Sinnarajah Krishnapradeep, Nayani Suraweera, Vijayakumary Thadchanamoorthy

OP 15 - Beyond the growth charts: Evaluating the impact of psychosocial and demographic factors on growth faltering in children in western province, Sri Lanka
Nayana Madhubhashini Perera

OP 16 - Anorectal manometry in assessing paediatric anorectal physiology in Sri Lanka: A descriptive analysis of clinical cases
M P M Perera, N A Wickramasinghe, D P Wickramasinghe

OP 18 - Diet and feeding practices of a cohort of children aged 12-24 months: Findings from Sri Lankan growth cohort
Guwani Liyanage, Upul Senarath, Shreenika D S Weliange, Yasaswi Walpita, Kunarathinum Partheepan, Indika Siriwardena, Geeta Sathiyadas, Dhammica Rowel, Abner Daniel, Hiranya S Jayawickrama, Heshan Jayaweera, Pujitha Wickramasinghe on behalf of Sri Lanka Child Growth Cohort (SLCGC)

OP 19 - Living donation is a viable option in a developing infrastructure: Insights from a newly established paediatric liver transplant programme
Meranthi Fernando, Pamalee Herath, Suchintha Tillakaratne, Bhagya Gunetilleke, Aruna Weerasuriya, Chamila Liyanage, Buddhima Premaratne, Rohan Siriwardana

OP 20 - First drops, first hope: A quality improvement project to improve early breast feeding in preterm infants
M H S M Hassan, B M De Silva, D V Pemarathne, P H S Jayaweera, K A C J J Rathnayake, H M S Y Herath, M M F Asrin

OP 21 - Efficacy of a nutritional intervention in children with moderate acute malnutrition: a randomized controlled trial in Sri Lanka during the economic crisis in 2023
Guwani Liyanage, S Amali C Dalpatadu, Jagath C Ranasinghe, Kalana Peiris, Filippo Dibari, Dilka Peiris, V Pujitha Wickramasinghe

OP 22 - Effect of maternal participation in neonatal care on stress, anxiety, and depression: A cross-sectional study in two Sri Lankan neonatal units
N C Gamhewage, M Rishard, N Gamaathige, L Janet, Ilaria Mariani, H Senanayake, Marzia Lazzerini

OP 26 - Breaking barriers to diagnosis: Level 4 portable oximetry for detection of paediatric obstructive sleep apnoea
H G H Udara, D D S De Zoysa, H S Gajaweera

OP 28 - Reduction of the relapse rate following influenza vaccination in frequently relapsing nephrotic syndrome
Asiri Abeyagunawardena, Niklesha Medagedara, Imalsha Anushki Abeygunawardhana, Ameenudeen Mohamed Nawfar, Abiramie Jayakrishna

1330-1430 Lunch

Parallel Sessions

1430-1530 SYMPOSIUM: Practice Points in Respiratory Medicine

Managing Acute Asthma: When and How to Escalate Treatment
Professor Simon Craig - *Emergency Physician, Monash Medical Centre, Monash Health, Australia*

Complicated Pneumonia in Children
Professor Ian Sinha - *Consultant Respiratory Paediatrician, Alder Hey Children's Hospital, United Kingdom*

Respiratory Infections in Immunodeficiency: Key Clues for Diagnosis
Dr Rajiva de Silva - *Consultant Immunologist, Medical Research Institute, Sri Lanka*

SYMPOSIUM: Practice Points in Gastrointestinal & Liver Disease

Gastro-Oesophageal Reflux
Dr Rakesh Vora - *Paediatric Gastroenterology Consultant, Evelina London Children's Hospital, Guy's & St Thomas' Hospitals Foundation NHS Trust, United Kingdom*

Fatty Liver Disease in Children
Professor Pujitha Wickramasinghe - *Professor in Paediatrics, University of Colombo, Sri Lanka*

Cow's Milk Intolerance: Diverse Presentations and Diagnostic Pathways (A Case-Based Approach)
Professor Thushara Kudagammana - *Professor in Paediatrics, University of Peradeniya, Sri Lanka*

1530-1630 RAPID-FIRE: Paediatric Essentials
HALL A

Approach to Eosinophilia
Professor Heshan Jayaweera - *Professor in Paediatrics, University of Peradeniya, Sri Lanka*

Leptospirosis
Dr Nalika de Silva - *Consultant Paediatrician, Teaching Hospital, Kalutara, Sri Lanka*

High-Flow Oxygen Therapy in Paediatrics
Dr Nalin Kitulwatte - *Consultant Paediatric Intensivist, Lady Ridgeway Hospital for Children, Sri Lanka*

Brain Tumours: Are We Missing Red Flags
Dr. Mahendra Somathilaka - *Consultant in Paediatric & Adolescent Oncology, National Cancer Institute, Sri Lanka*

HALL B
Ingested Foreign Body: Best Management Options
Dr Sanjaya Abeyguansekera - *Consultant Paediatric Surgeon, Lady Ridgeway Hospital for Children*

Gastrostomy and Jejunostomy Feeds: Indications and Best Practices
Professor Mark Beattie - *Lead for Paediatric Gastroenterology and Nutrition, Southampton General Hospital, United Kingdom*

Inborn Errors of Metabolism: Early Clues from Liver Dysfunction in Neonates
Dr Imalke Kankananarachchi - *Senior Lecturer in Paediatrics, University of Ruhuna, Sri Lanka*

Human Microbiome and Food Allergies: Can We Modify the Risk?
Professor Neelika Malavige - *Professor in Immunology,*
University of Sri Jayewardenepura, Sri Lanka

1630 Evening

1700-1815 TRAINER-TRAINEE DIALOGUE
Facing Interviews with Confidence
Professor Sameer Zuberi - *Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom*

Thriving in Overseas Training: A Survival Guide
Dr Daham de Silva - *Consultant Paediatrician, Adelaide, Australia*

Q & A
Professor Sameer Zuberi - *Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom*
Dr Rasika Gunapala - *Consultant Paediatrician, Lady Ridgeway Hospital for Children, Sri Lanka*
Dr Lalith Gamage - *Staff Specialist, Women's & Children's Hospital, Adelaide, Australia*
Dr Daham de Silva - *Consultant Paediatrician, Adelaide, Australia*
Professor Heshan Jayaweera - *Professor in Paediatrics, University of Peradeniya, Sri Lanka*

MAIN CONGRESS: DAY 2

10TH JUNE 2025, MAIN BALLROOM, MONARCH IMPERIAL, SRI JAYEWARDENEPURA KOTTE

0630 onwards	Registration
0730 - 0830	BREAKFAST SESSION **Disorders of Sexual Development: A Case-Based Approach** Moderator Dr Navoda Atapattu - *Consultant Paediatric Endocrinologist, Lady Ridgeway Hospital for Children, Sri Lanka* Panel Dr Mars Skae - *Consultant Paediatric Endocrinologist, Royal Manchester Children's Hospital, United Kingdom* Professor Sumudu Seneviratne - *Professor in Paediatric Endocrinology, University of Colombo, Sri Lanka* Dr Jananie Suntharesan - *Consultant Paediatric Endocrinologist, Sirimavo Bandaranayake Specialized Children's Hospital, Sri Lanka*
0830 - 0900	PLENARY **Fits, Faints & Funny Turns** Professor Sameer Zuberi - *Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom*
0900-0930	PLENARY **Sodium Imbalances: Hyponatraemia and Hypernatraemia** Professor Detlef Böckenhauer - *Professor of Paediatric Nephrology, University College London, Honorary Consultant at Great Ormond Street Hospital NHS Foundation Trust, United Kingdom*
0930-1015	DR B. J. C. PERERA RESEARCH PRIZE ORATION **"Transforming paediatric liver care in Sri Lanka, establishing an era of transplantation through a dedicated multidisciplinary team."** Dr Meranthi Fernando - *Senior Lecturer - Dept of Paediatrics & Colombo North Centre For Liver Diseases, University of Kelaniya* *Honorary consultant Paediatrician - Colombo North Teaching Hospital, Ragama*
1015-1045	Tea
1045-1145	TRACK 3 Parallel Session GUEST LECTURE **Revolutionizing Heart Care: The Role of AI in Cardiovascular Medicine** Professor John Simpson - *Professor of Paediatric and Foetal Cardiology Guy's and St Thomas' NHS Trust, United Kingdom*

1115-1145	GUEST LECTURE **Overview of Congenital Adrenal Hyperplasia** Dr Mars Skae - *Consultant Paediatric Endocrinologist, Royal Manchester Children's Hospital, United Kingdom*
1145-1230	SYMPOSIUM: Unmet Needs in Paediatrics **Managing Children's Behavioral Issues in the Post-Pandemic Era** Professor Jocelyn Eusebio - *Associate Professor at the University of the East Ramon Magsaysay Memorial Medical Center* **The Role of Palliative Care in Paediatrics: Bridging the Gap** Professor Megan Doherty - *Associate Professor, Paediatrics, Palliative Medicine, University of Ottawa, Canada*
	TRACK 4: Parallel Session
1045 -1115	GUEST LECTURE **Caring for Wounds in Children: From Scrapes to Stitches** Dr Romesh Gunasekera - *Consultant Plastic Surgeon, Lady Ridgeway Hospital for Children, Sri Lanka*
1115 -1215	CASE-BASED DISCUSSIONS **Head Injury in Children: When is Hospitalization Necessary?** Dr Lalith Gamage - *Staff Specialist, Women's & Children's Hospital, Adelaide, Australia* **Fungal Infections: Tips for Management** Dr Sriyani Samaraweera - *Consultant Dermatologist, Lady Ridgeway Hospital for Children, Sri Lanka* **Paediatric Eye Conditions: Should not be Missed** Dr Hiranya Abeysekera - *Consultant Paediatric Ophthalmologist, Lady Ridgeway Hospital for Children, Sri Lanka*
	FREE PAPER PRESENTATIONS

1230-1330 FREE PAPER PRESENTATIONS (HALL A & HALL B)

OP 01 - Experiences of parents of primary school aged children with specific learning disabilities receiving services at Ayati National Centre for Children with Disabilities
W L T Senarathne, W S D Senarathne, T U Senadheera, W M T M Senevirathna, K S M Shanthamal, P K S Godamunne

OP 02 - The prevalence of allergic diseases among school children in nine districts in Sri Lanka
M V Karunananda, S Fernando, T N D Ranasinghe, S Danasekara, I S Aberathna, G Jayakody, S Arulkumaran, N Y Samaraweera, S Kumarawansha, S Sivaganesh, P G Amarasinghe, C Jayasinghe, D Wijesekara, M B Marasinghe, U Mambulage, H Wijayatilake, K Senevirathne, A D P Bandara, C P Gallage, N R Colambage, A A T Udayasiri, T Lokumarambage, Y Upasena, W P K Weerasooriya, G N Malavige, C Jeewandara

OP 07: Acute Kidney Injury in neonates at neonatal intensive care units in Sri Lanka: incidence, aetiology, risk factors, and clinical outcomes – A preliminary report
Randula Ranawaka, Nadeesha Jayasekera, Erandima Sandamali, Sayeeshan Thiruchelvanathan, Divyanjalee Rajapaksha, Abiramie Jey Krishna, Balasundaram Aravinthan, Sandhya Doluweera, Kanchana Kumuduni, Buddhima Jayasinghe, Shyama Basnayake

OP 08 - Quality of life and nutritional status of children with cerebral palsy: An analytical cross-sectional study
M G Sathiadas, M Vijitha, N Kinthuja, S Yadhury

OP 09 - Congenital anomalies of the kidneys and urinary tract (CAKUT): a single centre based descriptive analysis
A W B J Waduge, S L N Vihanga, J M B Dissanayake, G R S D Gunathilake, M G H Chethana, R S Thalgahagoda

OP 11 - "This is us" – UVA strategies for normothermia in neonates
M H S M Hassan, B M De Silva, D V Pemarathne, S H Jayaweera, K A C J J Rathnayake, H M S Y Herath, M M F Asrin

OP 12 - Eco-anxiety among Sri Lankan children: A study of its links to climate knowledge and perceived worry
Kavinda Dayasiri, Dihan Caldera, Geetha Anand

OP 13 - Patterns and risk factors of substance abuse by Sri Lankan teenagers: A case control study
Kavinda Dayasiri, Malaka Samarainghe, Udara Sandakelum, Indika Gawarammana

OP 14 - Institutional Case Conferences (ICC) at Lama Piyasa, Ragama: An analysis of child safeguarding interventions over the last three years
Shobhavi Randeny, Buddhima Manneppaeruma, Hashan Pathiraja, L D R Nadeeshan, S W A Rajika, J C N Dharmathilaka

OP 17 - Prevalence of nasal colonization by methicillin-resistant staphylococcus aureus and streptococcus pneumoniae in preschool children attending selected immunization clinics, Kandy, Sri Lanka
H M N P Handapangoda, Nilakshi Barua, L P A L P Ruwansiri, U P R U Dissanayake, Jun Yang, Wing Shan Lee, S T Kudagammana, B N Dissanayake, Margaret Ip, L V C Liyanapathirana

OP 23 - Psychosocial well-being, lived experiences, and perceptions of children aged 10-18 years residing in diverse alternative care settings in western province, a mixed method study
D V Vipulaguna, Piyanjali de Zoysa, Upul Senarath, Manuj C Weerasinghe, D G Harendra De Silva

OP 24 - Impact of caregiver training on implementing interventions for children with autism spectrum disorder: A one-year implementation review from April 2024 to April 2025
H Iranthika, W M K Perera, S P Sumanasena

OP 25 - Language skills in children with Cerebral Visual Impairment (CVI) in Sri Lanka
B M Devagiri, W M K Perera, S P Sumanasena

OP 27 - Alpha-Gal Syndrome in Sri Lankan children: A retrospective analysis of clinical characteristics, sensitization patterns, and associated risk factors
Inoka Sepali Aberathna, Thushali Ranasinghe, Jeewantha Jayamali, Harshani Chathurangika, Neelika Malavige, Uvini Amarasekara, Chandima Jeewandara

1330-1430 Lunch

1430-1520 Parallel Sessions

Track 3
SYMPOSIUM: Advancing Neonatal Care: Challenges and Solutions
Managing Pulmonary Hypertension in the Newborn - What You Should Do and Not Do
Professor Nishani Lucas - *Professor in Neonatology, University of Colombo, Sri Lanka*

Optimizing Non-Invasive Ventilation: Latest Advances in Respiratory Support
Dr Viraraghavan Ramaswamy - *Consultant Neonatologist, Ankura Hospital for Women and children, Hyderabad, India*

Track 4
SYMPOSIUM: Respiratory Pearls
Improving Inhaler Use in Children with Asthma
Dr Channa de Silva - *Consultant Paediatric Pulmonologist, Lady Ridgeway Hospital for Children, Sri Lanka*

Airway Emergencies in Children: What Every Doctor Should Know
Professor Simon Craig - *Emergency Physician, Monash Medical Centre, Monash Health, Australia*

1520-1615 Parallel Sessions

Track 3
SYMPOSIUM: Cardiology Pearls
Optimal Management of Heart Failure in Children
Professor John Simpson - *Professor of Paediatric and Foetal Cardiology Guy's and St Thomas' NHS Trust, United Kingdom*

ECG Interpretation Made Simple: A Stepwise Approach for Clinicians
Dr Manura Lekamwattage - *Consultant Cardiac Electrophysiologist, Lady Ridgeway Hospital for Children, Sri Lanka*

Track 4
NOT TO BE MISSED CASES IN PAEDIATRICS
A Child with Episodic Crying
Dr I R Ragunathan - *Consultant Paediatric Cardiologist, Lady Ridgeway Hospital for Children, Sri Lanka*

A Child with Hypotension: A Diagnostic Challenge
Professor Gitanjali Sathiadas - *Professor of Paediatrics, University of Jaffna, Sri Lanka*

Acute Chorea in a Child: Unravelling the Cause
Dr Sanjaya Fernando - *Consultant Paediatric Neurologist, Lady Ridgeway Hospital for Children, Sri Lanka*

	Infection-Associated Shock: Beyond Septic Shock Dr Jagath Ranasinghe - *Consultant Paediatrician, District General Hospital, Nawalapitiya, Sri Lanka*
	A Hidden Culprit: Severe Pallor and Cyanosis in a Previously Healthy Child Professor Kavinda Dayasiri - *Professor in Paediatrics, University of Kelaniya, Sri Lanka*
	Q&A FORUM
1615-1700	**Paediatric Radiology: Essentials and Interactive Quiz (Hall A)** Dr Eranga Ganewatte - *Interventional Radiologist, National Cancer Institute, Maharagama, Sri Lanka*
1700-1715	CLOSING REMARKS
1715	EVENING TEA

Post-congress workshop:

AUTISM: EARLY DETECTION AND EARLY INTERVENTION

11TH JUNE 2025 AT MANDARINA, COLOMBO

0800 onwards	Registration
0900-0910	OPENING REMARKS Dr. Duminda Samarasinghe - *President, Sri Lanka College of Paediatricians*
0910-0935	**Autism and Neurodiversity** Dr Gauri Divan - *Consultant Developmental Paediatrician, India*
0935- 0955	**Parent-Based Interventions: What Does the Evidence Say?** Dr Kathy Leadbitter - *University of Manchester, United Kingdom*
0955-1020	**Exploring Features of Autism: Skills for Focused History-Taking** Dr Himali Jayaweera - *Consultant Paediatrician, District General Hospital Gampaha*
1020-1040	Tea
1040-1110	**Skills on Play-Based Brief Clinical Assessment** Ms Sakuni Sewwandi and Ms Ayendree Seneviratna -*Project Coordinators, NAMASTE*
1110-1240	**Case-Based Discussions (Five Workstations)** Dr Dilini Vipulaguna - *Consultant Community Paediatrician, North Colombo Teaching Hospital* Dr Himali Jayaweera - *Consultant Paediatrician, District General Hospital Gampaha* Dr Gayan Sampath - *Consultant Community Paediatrician, Faculty of Medicine, University of Sabaragamuwa* Dr Hashan Pathiraja - *Acting Consultant Community Paediatrician, Faculty of Medicine, University of Kelaniya* Dr Sachitha de Silva - *Acting Consultant Community Paediatrician*
1240-1255	**Referral Pathway and Role of Namaste** Dr Asiri Hewamalage - *Consultant Community Physician, Family Health Bureau, Ministry of Health*
1255-1315	**Principles of Early Interventions: A Guide for Busy Clinicians** Dr Dilini Vipulaguna - *Consultant Community Paediatrician, Colombo North Teaching Hospital*
1315-1335	**Supporting Adolescents and Mental Health Issues** Dr Darshani Hettiarachchi - *Consultant Child and Adolescent Psychiatrist, Lady Ridgeway Hospital for Children*

2025 ABSTRACTS OF FREE ORAL PRESENTATIONS

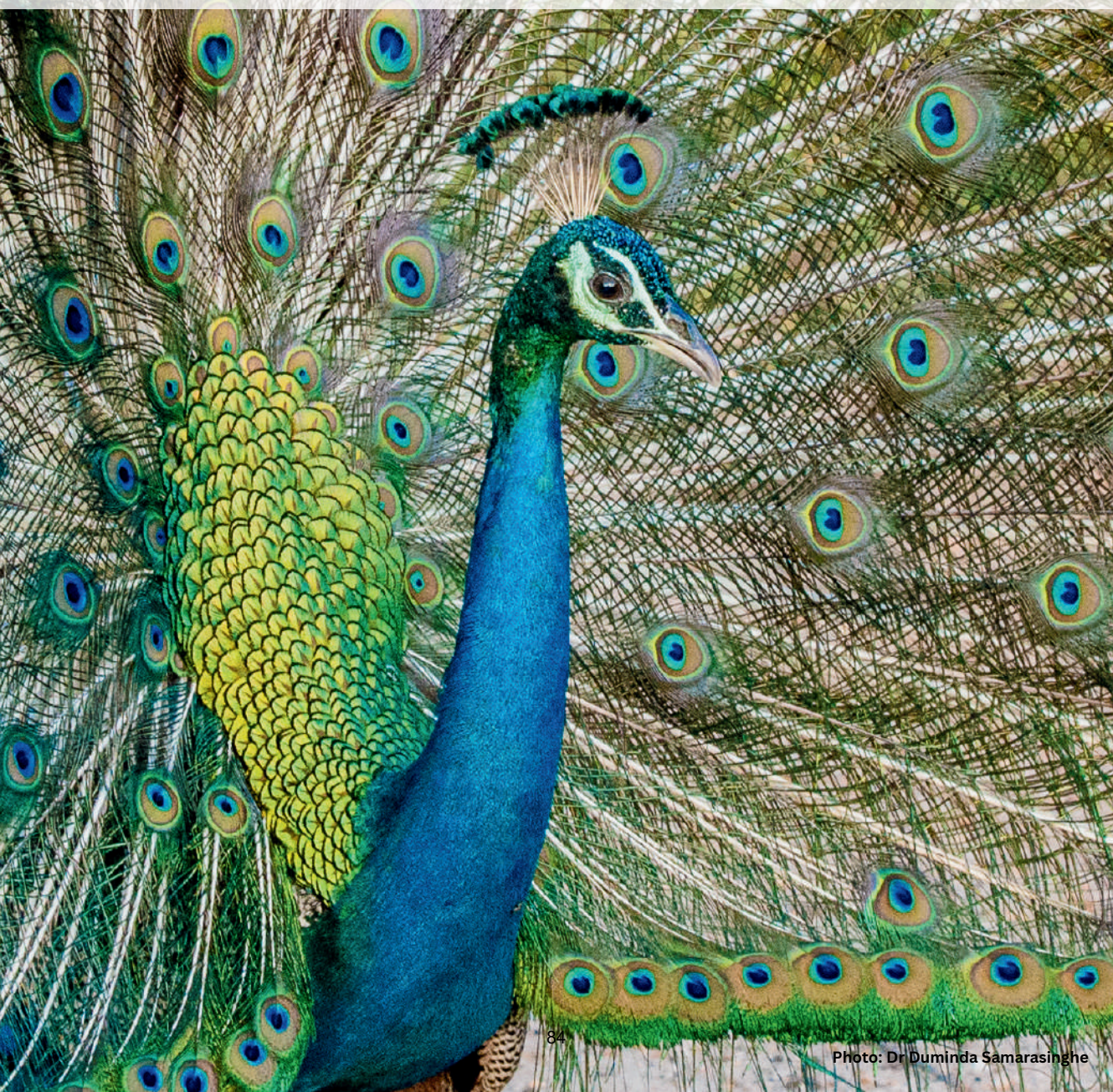


Photo: Dr Duminda Samarasinghe

OP 01

EXPERIENCES OF PARENTS OF PRIMARY SCHOOL AGED CHILDREN WITH SPECIFIC LEARNING DISABILITIES RECEIVING SERVICES AT AYATI NATIONAL CENTRE FOR CHILDREN WITH DISABILITIES

W L T Senarathne[1], W S D Senarathne[1], T U Senadheera[1], W M T M Senevirathna[1], K S M Shanthamal[1], P K S Godamunne[2],
[1]*Faculty of Medicine, University of Kelaniya, Sri Lanka,* [2]*Department of Medical Education, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION
Raising a child with a specific learning disability can be challenging for parents and there is little research on the experiences of Sri Lankan parents of children diagnosed with specific learning disabilities.

OBJECTIVES
This study aims to explore the understanding, knowledge, and attitudes of parents of primary school-aged children with specific learning disabilities receiving services at the Ayati National Centre for Children with Disabilities, Sri Lanka. Additionally, it seeks to identify the challenges these parents face.

METHOD
A qualitative study was carried out and semi-structured interviews were conducted with 15 parents (13 mothers and 2 fathers) of primary school aged children (Grade 1-5) diagnosed with a specific learning disability. Ethical approval for this study was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Kelaniya (Reference No: P/123/08/2022) Informed consent was obtained from all the participants.

RESULTS
A thematic analysis was carried out and four major themes were identified: (1) The emotional response to diagnosis, (2) Daily experiences of parenting, (3) Parental emotions in raising a child with specific learning disabilities, and (4) Concerns about the child's future. The parents of this study encountered a diverse set of emotions following their child's diagnosis. Their experiences varied based on daily routines and interactions with others. A prominent theme was the emotional aspects of raising a child with learning disabilities. All parents emphasized the importance of their child's ability to form social relationships and expressed concerns about their child's future development and potential for independence

CONCLUSIONS
The findings highlight the necessity for comprehensive psychosocial interventions tailored to the unique needs of children with specific learning disabilities and their families. Such interventions should focus on enhancing parental coping strategies and providing emotional support.

OP 02

THE PREVALENCE OF ALLERGIC DISEASES AMONG SCHOOL CHILDREN IN NINE DISTRICTS IN SRI LANKA

M V Karunananda[1], S Fernando[2], T N D Ranasinghe[1], S Danasekara[1], I S Aberathna[1], G Jayakody[2], S Arulkumaran[2], N Y Samaraweera[2], S Kumarawansha[2], S Sivaganesh[2], P G Amarasinghe[2], C Jayasinghe[2], D Wijesekara[2], M B Marasinghe[2], U Mambulage[2], H Wijayatilake[2], K Senevirathne[2], A D P Bandara[2], C P Gallage[2], N R Colambage[2], A A T Udayasiri [2], T Lokumarambage[2], Y Upasena[2], W P K Weerasooriya[2], G N Malavige[1,3], C Jeewandara[1]

[1]*Allergy, Immunology and Cell Biology Unit, Department of Immunology and Molecular Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,* [2]*Ministry of Health, Sri Lanka,* [3]*MRC Human Immunology Unit, MRC Weatherall Institute of Molecular Medicine, University of Oxford, Oxford, United Kingdom.*

INTRODUCTION

Due to climate change and other dynamic environmental and lifestyle factors, allergic diseases are on the rise. Asthma, allergic rhinitis (AR), and eczema have been shown to affect a significant proportion of children across some districts in Sri Lanka. However, island-wide data were not available to identify the burden of allergic diseases.

OBJECTIVES

We sought to estimate the prevalence of allergic diseases among school children in Sri Lanka to improve physician awareness and resource allocation for optimal management of these patients.

METHOD

After ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (reference: COVID 13/21), 5043 school children between the ages of 10-19 years were recruited representative of the 9 provinces in Sri Lanka using stratified multi-stage cluster sampling. Demographic and clinical data on asthma, allergic rhinitis and eczema were collected using the International Society for Allergies and Asthma in Childhood (ISAAC) Questionnaire for children. The statistical significance was estimated using the proportional test and the Chi-square test was used to find associations.

RESULTS

The island-wide prevalences for asthma, allergic rhinitis and eczema were 8.4%, 10.0% and 2.8% respectively. Self-reported allergic diseases were significantly higher than those with a doctor confirmed diagnosis for each disease ($p<0.05$). Demographic risk factors such as age, gender and urbanicity played a significant role in the development of asthma. There were also significant modifiable lifestyle risk factors associated with allergic diseases.

CONCLUSIONS

The prevalences for asthma, allergic rhinitis and eczema among school children in Sri Lanka were 8.4%, 10.0% and 2.8% respectively. Self-reported allergic diseases were significantly higher than those with a confirmed diagnosis.

OP 03

MODE OF INTRAVENOUS HYDROCORTISONE IN REDUCING INFUSION-RELATED REACTIONS; WHILE USING ANTI-THYMOCYTE GLOBULIN FOR CONDITIONING CHILDREN UNDERGOING BONE MARROW TRANSPLANTATION

P L S P Vitharana[1], **P Nimal**[1], **N G S M Narangaspitiya**[1]
[1]*Bone Marrow Transplant Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
Anti-thymocyte globulin (ATG) is used in bone marrow transplantation (BMT) to alleviate graft versus host disease (GVHD) and rejection. No published data were found on methods used to reduce or prevent reactions to ATG in the paediatric population in Sri Lanka.

OBJECTIVES
Assess the preventability of developing an infusion reaction (IR) by analysing the mode of administration of intravenous (IV) hydrocortisone (HCT) while administering ATG, to paediatric patients undergoing BMT.

METHOD
A total of 23 patients underwent BMT at Lady Ridgeway Hospital for Children from December 2021 to March 2025. Of the 23 cases, 6 received horse ATG, 10 received rabbit ATG and 7 had neither. Of the 16 that were given ATG, 10 received stat doses of HCT (Group A) and 6 received infusion (Group B). Both groups received ATG over 3 days. Both groups received paracetamol and IV chlorpheniramine before ATG. The ATG was started at a minimal rate and was gradually increased until a maximum rate of 40ml/hr. The outcome was measured with the development of an IR during the infusion

RESULTS
The median age of patients in Group A was 100 months, and in B was 98.5 months. The male-to-female ratio was 11:5. An IR was observed in 60% of Group A and only 16.7% of Group B; 10% of Group A and 16.6% of Group B received IV antibiotics following IR. In addition, the cumulative dose of HCT administered as an infusion compared to stat doses was found to be less in 62.5% of patients. No primary graft failure was observed in either group, while acute GVHD was seen in 40% in Group A and 33.3% in Group B. Transplant-related mortality (TRM) was 10% and 0% in Group A and B, respectively.

CONCLUSIONS
IV hydrocortisone, administered as an infusion rather than stat doses, appears to be the preferred mode to prevent an IR.

OP 04

DETERMINATION AND VALIDATION OF A WEIGHT-FOR-AGE Z SCORE DEVIATION THRESHOLD TO DETERMINE GROWTH FALTERING IN TERM-BORN NORMAL BIRTH WEIGHT CHILDREN: SRI LANKA CHILD GROWTH COHORT (SLCGC)

Shreenika D S Weliange[1,2*], Yasaswi N Walpita[1,2], Guwani Liyanage[3,4], Indika Siriwardena[2], Upul Senarath[1,2], Dhammica Rowel[5], Abner Daniel[5], Jagath Ranasinghe[4,6], Gitanjali Sathiadas[4,7], V Pujitha Wickramasinghe[4,8] on behalf of Sri Lanka Child Growth Cohort (SLCGC)[**]

[1]*Department of Community Medicine, University of Colombo, Sri Lanka,* [2]*South Asia Infant Feeding Research Network,* [3]*Department of Paediatrics, University of Sri Jayewardenepura, Sri Lanka,* [4]*Sri Lanka College of Paediatricians, Colombo, Sri Lanka,* [5]*UNICEF Sri Lanka,* [6]*Department of Paediatrics, District General Hospital Nuwara Eliya, Sri Lanka,* [7]*Department of Paediatrics, University of Jaffna, Sri Lanka,* [8]*Department of Paediatrics, University of Colombo, Sri Lanka*

INTRODUCTION

Poor weight gain during first 1000 days of life is a risk factor of subsequent adverse health outcomes.

OBJECTIVES

To determine and validate a suitable cut-off for Weight-for-Age Z score (WAZ) deviation that would predict growth in children born at term and with normal birth weight.

METHOD

SLCGC recruited healthy term, normal birth weight children at 12 to 24 months of age and collected data retrospectively (n=1630). The growth faltering was assessed as the difference of WAZ between time of measurement and birth. Using the optimum cut-off point, sensitivity (≥80%) and specificity (≥60%) was assessed based on weight faltering during first 6 months and later 6 months of infancy for predicting stunting during 9-12 months and 12-15 months of age respectively. Ethics Review Committee of the Sri Lanka College of Paediatricians approved the protocol (SLCP/ERC/2023/08).

RESULTS

WAZ faltering during infancy demonstrated high sensitivity and moderate specificity in identifying underweight later in life. A negative deviation of the ≥0.35 WAZ score, from birth WAZ was selected as the cut-off point. Using this cut-off, growth faltering detected during 0-5 months showed an increased risk of stunting and wasting at 9-11 months [RR (95%CI): 2.6(1.7-4.1) and 2.3(1.2-4.0) respectively]. Similarly, growth faltering during 6-9 months showed an increased risk of stunting and wasting at 12-15 months [RR (95%CI): 2.6(1.3-4.9) and 9.8(1.4-70.4) respectively].

CONCLUSIONS

WAZ score drop of ≥0.35 from birth during the first year of life, can be used as a valid indicator for predicating underweight, stunting and wasting in healthy term babies with normal birth weight.

OP 05

ACUTE KIDNEY INJURY IN CRITICALLY ILL CHILDREN AT A TERTIARY CARE PAEDIATRIC INTENSIVE CARE UNIT IN SRI LANKA: INCIDENCE, AETIOLOGY, RISK FACTORS, AND CLINICAL OUTCOMES – A PRELIMINARY REPORT

Randula Ranawaka[1,2], Nadeesha Jayasekera[2], Erandima Sandamali[3], Sayeeshan Thiruchelvanathan[2], Divyanjalee Rajapaksha[2], Abiramie Jey Krishna[2], Balasundaram Aravinthan[2], Deshan Adhihetty[4], Nalin Kithulwatta[4].

[1]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*University Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [3]*Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka,* [4]*Medical Intensive Care Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Acute Kidney Injury (AKI) is a significant contributor to morbidity and mortality in critically ill children, yet data on its epidemiology in Sri Lanka remain scarce.

OBJECTIVES

This study aims to assess the incidence, aetiology, risk factors, and clinical outcomes of AKI in the paediatric Medical Intensive Care Unit (MICU) at Lady Ridgeway Hospital, Colombo.

METHOD

A prospective descriptive study was conducted in the MICU at Lady Ridgeway Hospital for a one-year period. All children admitted to the unit were included, except those with pre-existing chronic kidney disease. Data were collected through a pretested, interviewer-administered questionnaire and analysed using SPSS 26. Ethical clearance was obtained from the Sri Lanka College of Paediatricians, and funding was awarded through a research grant by the Sri Lanka Society of Nephrology.

RESULTS

The preliminary report includes 63 children recruited over three months, with a mean age of 4.78 ± 4.38 years (range: 0.16–13 years). AKI developed in 23.8% (n=15) of the cohort, with 60% diagnosed on day 1 of admission. Sepsis was the main cause of AKI (53%). According to the KDIGO criteria, 33.3% had Stage 1 AKI, 20% had Stage 2, and 46.6% had Stage 3. AKI was significantly associated with the need for inotropic support (93.3% vs. 29.2%; $p<0.001$). Ventilatory support and exposure to nephrotoxic medications were observed in 87% and 80% of AKI patients, respectively, compared to 79% and 75% in non-AKI patients. Mortality was significantly higher in the AKI group (73.3%, n=11) compared to the non-AKI group (18.75%, n=9), ($p<0.001$).

CONCLUSIONS

In this preliminary analysis report, the AKI incidence was 23.8% among critically ill children. Sepsis was the predominant aetiology, and the need for inotropic support was significantly associated with AKI. Mortality was notably higher in AKI patients (73.3%), emphasizing the need for early recognition and targeted management strategies to improve outcomes.

OP 06

FEASIBILITY OF A COMMUNITY-BASED NUTRITION INTERVENTION FOR CHILDREN AGED 6 TO 59 MONTHS

M G Sathiadas[1], **S Yalini**[2], **S Kumaran**[2], **S Pathirana**[3]
[1]Department of Paediatrics, Faculty of Medicine, University of Jaffna, Sri Lanka, [2]Department of Family and Community Medicine, Faculty of Medicine, University of Jaffna, Sri Lanka, [3]Provincial Director of Health Services, Northern Province, Sri Lanka

INTRODUCTION
The temporary provision of food supplements will not solve the long-term problem, and it is not sustainable. The care group approach has been tried in several countries as a nutrition intervention, but none have looked at the community level penetration into the society.

OBJECTIVES
To evaluate the feasibility of a community-led intervention in improving the nutritional status of under-five children in a selected Medical Officer of Health area

METHOD
The intervention package was designed using current evidence to meet community needs. Key components included nutrition education with affordable, culturally appropriate recipes; growth monitoring; hygiene and sanitation practices based on WHO guidelines, positive parenting, and self-sustainability through home gardening, microfinancing, and income generation. Behaviour change strategies were also integrated. Intervention was delivered through care group approach. Community peer leaders, trained by research team, facilitated 12 in-person sessions for carers of children aged 6–59 months. Weekly household visits were conducted to collect food diaries, assess hygiene practices, and support dietary behavior change, confidence, and self-esteem. Adherence was tracked through dietary recalls, session attendance, and changes in Household Hunger Scale and Household Food Insecurity Access Scale. Child growth was measured at baseline, 3 and 6 months. Feasibility was evaluated by recruitment, retention, attendance, completion of study measures, and overall acceptability. Ethical approval was obtained from the University of Jaffna (J/ERC/24/164/NDR/0331).

RESULTS
A feasibility study was conducted with 24 participants to evaluate a community-based intervention targeting child nutrition and household food security. Retention rates were 92% at 3 months and 100% at 6 months. Households with lower income faced greater food insecurity. At baseline, growth faltering was observed in 59% children, with stunting (4%), wasting (25%), and underweight (38%). By 6 months, 63.6% children followed expected growth patterns and deviations decreased from 59.1% to 36.4%, indicating growth stabilization. Food security improved from 25% to 50%, alongside reductions in hunger scores and increases in dietary diversity. Consumption of sweets, bakery, and fried items declined, while milk intake increased. Hygiene practices improved across food handling, personal care, and water sanitation. Acceptability was high (95%), with strong engagement (high in 46%, moderate in 42%, low in 4%). Engagement was rated at 86% at 3 months and 90% at 6 months, with 95% participants reporting high satisfaction.

CONCLUSIONS
The community-based nutrition intervention, delivered through a peer group approach, proved to be effective, feasible, and well-accepted by the participants, with a high level of satisfaction reported.

OP 07

ACUTE KIDNEY INJURY IN NEONATES AT NEONATAL INTENSIVE CARE UNITS IN SRI LANKA: INCIDENCE, AETIOLOGY, RISK FACTORS, AND CLINICAL OUTCOMES – A PRELIMINARY REPORT

Randula Ranawaka[1,2], Nadeesha Jayasekera[2], Erandima Sandamali[3], Sayeeshan Thiruchelvanathan[2], Divyanjalee Rajapaksha[2], Abiramie Jey Krishna[2], Balasundaram Aravinthan[2], Sandhya Doluweera[4], Kanchana Kumuduni[4], Buddhima Jayasinghe[4], Shyama Basnayake[5]

[1]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*University Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [3]*Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka,* [4]*Neonatal Intensive Care Unit, Castle Street Hospital for Women, Colombo, Sri Lanka,* [5]*Neonatal Intensive Care Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,*

INTRODUCTION

Acute Kidney Injury (AKI) is a significant contributor to morbidity and mortality in critically ill neonates, yet data on its epidemiology in Sri Lanka remain scarce.

OBJECTIVES

This study aims to assess the incidence, aetiology, risk factors, and clinical outcomes of AKI in the neonatal intensive care units (NICU) at Lady Ridgeway Hospital, Colombo and Castle Street Hospital for Women, Colombo.

METHOD

A prospective descriptive study was conducted in the neonatal intensive care units at Lady Ridgeway Hospital and Castle Street Hospital for Women, Colombo for a one-year period. All neonates admitted to the units were included, except those with pre-existing chronic kidney disease. Data were collected through a pretested, interviewer-administered questionnaire and analysed using SPSS 26. Ethical clearance was obtained from the Sri Lanka College of Paediatricians, and funding was awarded through a research grant by the Sri Lanka Society of Nephrology.

RESULTS

The preliminary report includes 51 neonates recruited over three months, with a mean age of 11.19 ± 8.13 days (range: 1- 26 days). AKI developed in 25.5% (n=13) of the cohort, with 53.9% diagnosed on day 1 of admission. Sepsis was the main cause of AKI (69.2%). According to the KDIGO criteria, 46.2% had Stage 1 AKI, 38.5% had Stage 2, and 15.4% had Stage 3. AKI was significantly associated with the need for inotropic support (38.5% vs. 2.6%; p=0.003). Ventilatory support and exposure to nephrotoxic medications were observed in 76.9% and 61.5% of AKI patients, respectively, compared to 71.1% and 42.1% in non-AKI patients. There was no significant difference in mortality in the AKI group (7.7%, n=1) compared to the non-AKI group (5.3%, n=2).

CONCLUSIONS

In this preliminary analysis report, AKI incidence was 25.5% in neonates admitted to NICUs. Sepsis was the predominant aetiology, and the need for inotropic support was significantly associated with AKI. About 60% of neonates with AKI were exposed to nephrotoxic medications

OP 08

QUALITY OF LIFE AND NUTRITIONAL STATUS OF CHILDREN WITH CEREBRAL PALSY: AN ANALYTICAL CROSS-SECTIONAL STUDY

M G Sathiadas[1], **M Vijitha**[1], **N Kinthuja**[1], **S Yadhury**[1]
[1]*Department of Paediatrics Faculty of Medicine University of Jaffna*

INTRODUCTION
Cerebral palsy (CP) indirectly impacts the quality of life (QoL) and nutritional status of affected children. Comparing these in children with CP to healthy children provides valuable insight into their overall well-being and highlights areas requiring targeted intervention.

OBJECTIVES
Compare the QoL to the extent of disability of the children and assess the nutritional status of the children with CP.

METHOD
Cases were selected sequentially from the clinics, and controls were matched for age, sex, socioeconomic status, and geographical area. Data on demographic details, extracts from clinic records, Gross Motor Functional Classification System (GMFCS), the Manual Ability Classification System (MACS), the Communication, Function Classification System (CFCS) and the Eating and Drinking Ability Classification System (EDACS) were assessed. The 35-item PedsQL3.0CP Module was used to assess QoL. Anthropometric measurements were taken, and WHO Anthro Plus V1.0.4 software was used to determine the nutritional status. Ethical clearance was from ERC of University of Jaffna (J/ERC/23/148/NDR/0301)

RESULTS
A total of 70 participants and 70 controls with 54.8% in the 5-7year group were evaluated. The total QoL score was significantly (p-value < 0.001) lower in the case group (62.15 ± 24.14) compared to the control group (99.53 ± 1.18). Significant differences were observed across all domains of daily activity, movement/balance, pain/hurt, fatigue, eating, and communication ($p < 0.001$). Children with dependent mobility, limited handling abilities, restricted communication, and the need for assisted feeding had markedly lower overall QoL scores compared to controls ($p<0.0001$). Diplegia had a significantly better QoL (72.04 ± 18.22) when compared to other types (Kruskal-Wallis H test<0.0001). Malnutrition was notably more prevalent among cases: 53.2% were underweight (vs. 14.5% of controls), 48.4% had wasting (vs. 19.4%), and 62.9% were stunted (vs. 16.1%). Nutritional status was significantly associated with higher levels of impairment based on GMFCS and EDACS classifications.

CONCLUSIONS
QoL and nutritional problems were significantly higher in cerebral palsied children when compared to the controls.

OP 09

CONGENITAL ANOMALIES OF THE KIDNEYS AND URINARY TRACT (CAKUT): A SINGLE CENTRE BASED DESCRIPTIVE ANALYSIS

A W B J Waduge[1], **S L N Vihanga**[1], **J M B Dissanayake**[1], **G R S D Gunathilake**[1], **M G H Chethana**[1], **R S Thalgahagoda**[2]
[1]*Faculty of Medicine, University of Peradeniya, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION
Congenital anomalies of the kidneys and urinary tract (CAKUT) represent a subset of birth defects that encompass a broad spectrum of malformations which can profoundly impact renal function and lead to significant morbidity and mortality.

OBJECTIVES
To ascertain the demographics, common associations and maternal risk factors of patients with CAKUT and to ascertain the relationship between the various types and development of chronic kidney disease (CKD).

METHOD
This cross-sectional descriptive study was conducted among patients with CAKUT attending the Paediatric Nephrology Unit, Teaching Hospital, Peradeniya. Patients between 0-16 years were included. Data were collected via an interviewer-administered questionnaire and through perusal of the clinic notes. Ethical clearance was obtained from the ERC, Faculty of Medicine, University of Peradeniya (2023/EC-2/SP/23)

RESULTS
A total of 228 participants was included, of which 75.9% (n=173) were males. Vesico-Ureteric Reflux (VUR) 28.1%, Pelvi-Ureteric Junction Obstruction (PUJO) 23.2%, and Posterior Urethral Valves (PUV) 21.5% were the predominant types. Only 14.5% (n=33) had other associated congenital anomalies which included cardiovascular (39.4%), gastrointestinal (27.3%) and musculoskeletal (21.2%) anomalies. Exposure to a risk factor was noted in 51.3% (n=117) with low birth weight 46.2% (n=54), prematurity 0.2% (n=47), gestational hypertension 20.5% (n=24) and gestational diabetes 17.1% (n=20) predominating.

The majority (59.2%; n=135) had normal renal function with those with deranged function distributed as follows: CKD Stage 2: 35.5%, Stage 3: 23.7%, Stage 4: 19.4% and Stage 5: 21.5%. A significant association was found (χ^2=38.519; df=17; p=0.001) between CAKUT subtype and development of CKD. PUV, renal dysplasia and cystic kidney disease showed higher odds of CKD, while PUJO, VUR and other anomalies showed lower odds.

The birth order of patients revealed that 45.2% (n=103) were second-born, 36.4% (n=83) first-born and 14.5% (n=33) third-born. Lateralization analysis of unilateral lesions showed no significant deviation from randomness (p-value >0.05).

CONCLUSIONS
This study, possibly the first analysis of CAKUT in Sri Lanka, provides significant insights into the demographic characteristics, types, associated risk factors and the potential progression to CKD.

OP 10

PATTERNS AND PRACTICES OF PRESCRIPTIONS FOR CHILDREN UNDER FIVE: A MULTI-CENTRE STUDY IN SRI LANKA

Kavinda Dayasiri[1], Gihan Gunarathna[1], Aruna De Silva[2], Nirubaa Umasankar[3], Sinnarajah Krishnapradeep[4], Nayani Suraweera[5], Vijayakumary Thadchanamoorthy[6]
[1]*Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka,* [2]*Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka,* [3]*Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka,* [4]*Faculty of Medicine, University of Jaffna, Jaffna, Sri Lanka,* [5]*Faculty of Medical and Allied Health Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka,* [6]*Faculty of Healthcare Sciences, Eastern University of Sri Lanka, Batticaloa, Sri Lanka*

INTRODUCTION
Prescription practices play a critical role in ensuring the safe and effective treatment of illnesses, particularly in vulnerable populations such as children under five years of age.

OBJECTIVES
To evaluate prescription practices for children under five years in Sri Lanka, focusing on adherence to WHO guidelines, documentation quality, and regional variations across public and private healthcare settings.

METHOD
A descriptive, cross-sectional, multi-centre study was conducted to evaluate prescription practices for children under five years of age. Study settings included out-patients department (OPD) pharmacies in tertiary care hospitals, State Pharmaceutical Corporations (SPCs) and selected private hospitals located across seven districts: Anuradhapura, Gampaha, Jaffna, Kandy, Galle, Trincomalee and Batticaloa. Each prescription was assessed against WHO prescription standards. Logistic regression analysis was performed to identify factors associated with high-quality prescriptions, including prescriber type and regional variations. Ethical approval was issued by the Postgraduate Institute of Medicine, University of Colombo.

RESULTS
A total of 1,400 paediatric prescriptions from seven districts in Sri Lanka were analysed. Patient age was documented in 95.1%, while weight, critical for dosing, was included in only 43%. Generic drug names were used in 41.6% of prescriptions, and antibiotic use was recorded in 57.2%, raising concerns about overprescription. Public sector prescriptions showed better documentation of patient details compared to the private sector but lacked prescriber qualifications in 42.2% of cases. Typed prescriptions demonstrated significantly better legibility and documentation quality compared to handwritten ones ($p < 0.05$). Variations in adherence to WHO guidelines were evident across regions, underscoring the need for targeted interventions.

CONCLUSIONS
This study highlights critical gaps in paediatric prescription practices in Sri Lanka, including incomplete documentation, inconsistent adherence to WHO guidelines, and overuse of antibiotics.

OP 11

"THIS IS US" – UVA STRATEGIES FOR NORMOTHERMIA IN NEONATES

M H S M Hassan[1], **B M De Silva**[1], **D V Pemarathne**[1], **S H Jayaweera**[1], **K A C J J Rathnayake**[1], **H M S Y Herath**[1], **M M F Asrin**[2]
[1]*Teaching Hospital (TH) Badulla, Sri Lanka,* [2]*Colombo South Teaching Hospital, Sri Lanka*

INTRODUCTION

Admission hypothermia in preterm infants is contributing to significant morbidity and mortality. During my overseas training in UK, I have done a quality improvement (QI) project "Mind the GAP", which demonstrated that the structured interventions significantly improve the normothermia. This project at TH Badulla Neonatal Intensive Care Unit aimed to adapt and implement similar interventions to improve the thermal control. This QI project, "This is US," was designed to improve thermal care practices through **U**VA **S**trategies: Uniformity, Vigilance, and Adaptability at TH Badulla.

OBJECTIVES

To increase the proportion of less than 32 Weeks (W) neonates admitted with normothermia (36.5°C–37.5°C) from a baseline of 52.4% in 2022 and 56.5% in early 2023 to ≥90% by the end of 2024.

METHOD

A prospective QI project was conducted using Plan–Do–Study–Act (PDSA) cycles. Infants born from 1st of September 2023 to 31st of December 2024 at <32 weeks and admitted to NICU from labour rooms and theatre were included. Those from postnatal wards and transferred from other centres were excluded. First four months were dedicated to designing and implementing PDSA cycles.

The **U**VA **S**trategies involved: A QI team - conducted awareness trainings, displayed posters, and stickers to highlight normothermia importance, environmental optimization (delivery room temperature >26ºC, pre-warmed equipment – hats and polythene bags), use of heated humidified gases during resuscitation and transport.

RESULTS

A total of 234 neonates born at less than 32 W was admitted. Of these, 38 babies were excluded and 196 were included. Data were analysed on a monthly basis. The median gestational age was 29W (Lowest: 24W). The median birth weight was 1.12kg (Lowest: 480g). Median admission temperature was 37.2ºC. Post – intervention normothermia improved to 95.2% in 2024 and reached 100% in the final 6 months.

CONCLUSIONS

The UVA-based "This is US" QI strategy significantly improved normothermia rates in preterm neonates.

OP 12

ECO-ANXIETY AMONG SRI LANKAN CHILDREN: A STUDY OF ITS LINKS TO CLIMATE KNOWLEDGE AND PERCEIVED WORRY

Kavinda Dayasiri[1], Dihan Caldera[1], Geetha Anand[2]
[1]*Faculty of Medicine, University of Kelaniya, Sri Lanka,*
[2]*Oxford University Hospitals, NHS Foundation Trust, Oxford, United Kingdom*

INTRODUCTION
Climate change has emerged as one of the most significant challenges of the 21st century, with profound environmental, social, and health consequences.

OBJECTIVES
This study examined eco-anxiety levels among Sri Lankan children and explored its association with climate change knowledge and perceived worry.

METHOD
A cross-sectional study was conducted with 386 children aged 11–17 years from government schools in Colombo and Gampaha districts. Participants were selected through randomized cluster sampling. Data were collected via a self-administered questionnaire measuring eco-anxiety using Hogg's Eco-Anxiety Scale, climate change knowledge, and perceived worry. Descriptive statistics, Pearson correlation, and chi-square tests were used to analyse the data. Ethical approval was obtained from the Postgraduate Institute of Medicine, University of Colombo.

RESULTS
The mean eco-anxiety score was 11.855 (SD = 2.32), with 38.3% showing moderate or high eco-anxiety. A significant positive correlation was found between perceived worry and eco-anxiety scores ($r = 0.231$, $p = 0.0006$). Younger adolescents (11–13 years) had higher eco-anxiety scores than older adolescents (16–17 years) ($p = 0.006$). Participants with higher climate change knowledge also reported higher eco-anxiety scores. Urban adolescents had higher eco-anxiety scores than their rural counterparts ($p = 0.0003$).

CONCLUSIONS
Eco-anxiety was prevalent among Sri Lankan children, particularly among those with greater climate change knowledge and worry. Younger adolescents, urban dwellers, and those involved in environmental advocacy were more susceptible.

OP 13

PATTERNS AND RISK FACTORS OF SUBSTANCE ABUSE BY SRI LANKAN TEENAGERS: A CASE CONTROL STUDY

Kavinda Dayasiri[1], Malaka Samarainghe[2], Udara Sandakelum[3], Indika Gawarammana[2]
[1]Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka, [2]Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka, [3]University Paediatrics Unit, North Colombo Teaching Hospital, Ragama, Sri Lanka

INTRODUCTION
Substance abuse among adolescents is a growing public health concern in Sri Lanka. Identifying key risk factors is essential to inform targeted preventive strategies and interventions.

OBJECTIVES
This study aimed to identify patterns and risk factors associated with substance abuse among Sri Lankan teenagers.

METHOD
A case-control study was conducted involving 87 adolescents aged 8 to 17 years (mean age 14.6 years, SD 3.14), all of whom were undergoing in-house rehabilitation following substance abuse. Participants were selected using purposive sampling. Age- and gender-matched controls were included for comparative analysis. Data on socio-demographics, substance use patterns, and family background were collected through structured interviews. Risk factors were analysed using multiple logistic regression, controlling for age and gender. Ethical clearance was obtained from the Ethics Review Committee, PGIM, University of Colombo.

RESULTS
Of the 87 participants, all except one were male. A significant proportion had a family history of substance abuse (35%), were from single-parent households (19%), or had been involved in substance distribution (27%). Additionally, 22% had siblings who also abused substances, and 54% reported domestic violence linked to substance use by a family member. Commonly used substances included cannabis (87%), amphetamines (79.1%), and prescription medications (55.2%). The main reasons for initiation were experimentation (92%) and peer pressure (84%). In 95.5% of cases, a friend introduced the substance. Multivariate analysis identified significant risk factors for continued substance abuse: a family history of substance use ($p < 0.05$), peer involvement in substance use ($p < 0.001$), and perceived peer pressure ($p < 0.05$).

CONCLUSIONS
Substance abuse among Sri Lankan teenagers was strongly associated with familial exposure and peer influence.

OP 14

INSTITUTIONAL CASE CONFERENCES (ICC) AT LAMA PIYASA, RAGAMA: AN ANALYSIS OF CHILD SAFEGUARDING INTERVENTIONS OVER THE LAST THREE YEARS

Shobhavi Randeny[1], **Buddhima Manneppaeruma**[2], **Hashan Pathiraja**[1], **L D R Nadeeshan**[2], **S W A Rajika**[2], **J C N Dharmathilaka**[2]

[1]*Department of Paediatric, Faculty of Medicine, University of Kelaniya, Sri Lanka*

[2]*Lama Piyasa, Colombo North Teaching Hospital, Sri Lanka*

INTRODUCTION

Child abuse is a critical public health and legal issue, necessitating multidisciplinary interventions to ensure child safety and psychosocial rehabilitation. An ICC is a multi-sectoral management aspect of child maltreatment cases in which members of relevant disciplines meet, and a more appropriate decision is taken for the child's best interest.

OBJECTIVES

To analyse the patterns of child abuse and the multidisciplinary responses through ICCs conducted at Lama Piyasa over a three-year period and to evaluate the outcomes of ICC recommendations and identify gaps in their implementation for effective child safeguarding

METHOD

This study analyses the ICCs held at Lama Piyasa, the Child Safeguarding Centre at Teaching Hospital, Ragama, focusing on the types of abuse reported, participant involvement, geographical distribution of cases, and outcomes of interventions from October 2021 to March 2025.

RESULTS

A total of 422 cases was reviewed, with 73.2% involving children aged 10-17. Sexual abuse was the most common form (71.3%), followed by neglect (15.6%), physical abuse (13.0%), emotional abuse (12.5%), and other forms such as poisoning.

ICCs were conducted for 67.3% of cases, with participation from probation officers (66.1%), Child Rights Protection Officers (CRPOs) (53.5%), police (63.9%), paediatricians, psychiatrists, and Judicial Medical Officers (JMOs) (67.3% each).

The cases originated from various police jurisdictions, with the highest contributions from Negombo (48.6%) and Gampaha (40.5%) probation areas.

The outcomes of ICCs varied, with 17.8% of children being placed under parental care, 17.1% in child Development Centres, and 14.2% under the care of single mothers. Notably, a discrepancy between ICC decisions and actual placements was observed in 6.9% of cases, indicating challenges in implementing recommendations.

CONCLUSIONS

The crucial role of ICCs in child protection emphasizes the need for enhanced coordination between stakeholders to ensure the effectiveness of safeguarding measures. The need for strengthened multidisciplinary collaboration is an important aspect in the management of child.

OP 15

BEYOND THE GROWTH CHARTS: EVALUATING THE IMPACT OF PSYCHOSOCIAL AND DEMOGRAPHIC FACTORS ON GROWTH FALTERING IN CHILDREN IN WESTERN PROVINCE, SRI LANKA

Nayana Madhubhashini Perera[1]
[1]*Asiri Hospital, Colombo, Sri Lanka*

INTRODUCTION

Growth faltering (GF) in children is an important public health concern influenced by a complex interplay of psychosocial and demographic factors. Understanding the impact of these multifactorial influences on the prevalence of GF severity is essential for ensuring the overall well-being and healthy growth outcomes of children

OBJECTIVES

This study aimed to evaluate the impact of maternal stress, social support, socioeconomic status, and demographic factors on GF severity among children aged 1-3 years in the Western Province, of Sri Lanka.

METHOD

A quantitative, cross-sectional predictive correlational study was conducted with 202 mothers identified as primary caregivers of children experiencing GF. Data were collected at Child Welfare clinics – conducted by MOH, Municipal Council, Colombo, using the Parental Stress Scale (PSS), the Multidimensional Scale of Perceived Social Support (MSPSS), and Child Health Development Record (CHDR), alongside demographic and socioeconomic information. Growth faltering severity was categorized on standard deviations from the median of weight-for-age. Statistical analyses, including correlational tests and multinomial logistic regression, explored relationships and interactions among variables. This research was conducted as part of MSc in Clinical and Health Psychology dissertation at the University of West London/ANC (SL), with ethical approval granted by UWL (Approval No:238397780).

RESULTS

Higher maternal stress levels were significantly associated with increased incidence of GF, while social support showed a protective role, with significant negative correlations between MSPSS scores and GF. Furthermore, family income level and maternal education were negatively correlated with GF severity while employment status of caregivers showed no association with GF. Multinomial logistic regression analyses revealed that higher social support moderated the impact of maternal stress on severe GF cases, and low income amplified the relationship between stress and GF severity. Moreover, maternal stress, social support, and level of education were not significant independent predictors of GF, highlighting the importance of their combined effects.

CONCLUSIONS

The findings highlight the critical role of maternal stress, social support, and socioeconomic factors on the prevalence of GF severity.

OP 16

ANORECTAL MANOMETRY IN ASSESSING PAEDIATRIC ANORECTAL PHYSIOLOGY IN SRI LANKA: A DESCRIPTIVE ANALYSIS OF CLINICAL CASES

M P M Perera[1], **N A Wickramasinghe**[2], **D P Wickramasinghe**[1]

[1]*Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*Department of Physiology, Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Anorectal manometry (ARM) serves as a valuable diagnostic tool for evaluating paediatric anorectal disorders, but its clinical application and outcomes in Sri Lankan settings are poorly characterized. As Sri Lanka's sole public-sector ARM facility at the National Hospital of Sri Lanka (NHSL), this study provides the first comprehensive analysis of paediatric ARM findings at NHSL, addressing gaps in local anorectal physiology data.

OBJECTIVES

To characterize ARM patterns across diverse aetiologies, assess diagnostic yield, and identify age/gender-specific variations to inform local clinical practice.

METHOD

All paediatric ARM procedures (n=19) performed in 2024 at the NHSL were reviewed retrospectively, including children aged 5-18 years (13 males, 6 females) presenting with chronic constipation (n=9, 47.3%), suspected Hirschsprung's disease (n=3, 15.7%), faecal incontinence (n=4, 21%), neural tube defects (n=2, 11%), and rectal prolapse (n=1, 5%). ARM assessed resting and squeeze pressures, RAIR (Recto-anal Inhibitory Reflex), and defecation patterns. Ethical approval was obtained from NHSL (ERC Ref: AAJ/ETH/COM/2024/SEP).

RESULTS

Dys-synergic defaecation (DSD) was identified in 11 patients (57.9%) using Rao's criteria. Male predominance was observed overall (72.7% of DSD cases), though DSD Type-2 showed equal gender distribution: DSD Type-3 was most prevalent (n=5; 80% males), followed by Type-1 (n=3; 67% males), Type-2 (n=2; 50% males), and Type-4 (n=1; exclusively male). Mean DSD onset was earlier in males (7 years) than females (8.75 years). The averages of mean resting-pressures and maximal squeeze-pressures of DSD patients were 88.3mmHg & 175.5mmHg respectively. ARM proved particularly valuable in Hirschsprung's disease evaluation, with 2 of 3 suspected cases showing absent RAIR. Neural Tube Defects (n=2) showed impaired voluntary contraction but preserved RAIR.

CONCLUSIONS

These findings demonstrate ARM's utility for evaluating paediatric anorectal disorders in Sri Lanka, with high DSD prevalence (57.9%) and reliable Hirschsprung's screening.

OP 17

PREVALENCE OF NASAL COLONIZATION BY METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* AND *STREPTOCOCCUS PNEUMONIAE* IN PRESCHOOL CHILDREN ATTENDING SELECTED IMMUNIZATION CLINICS, KANDY, SRI LANKA

H M N P Handapangoda[1], Nilakshi Barua[2], L P A L P Ruwansiri[1], U P R U Dissanayake[1], Jun Yang[2], Wing Shan Lee[2], S T Kudagammana[3], B N Dissanayake[1], Margaret Ip[2], L V C Liyanapathirana[1]

[1]*Department of Microbiology, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [2]*Department of Microbiology, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR* [3]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION

Methicillin-resistant Staphylococcus aureus (MRSA) colonization is a key risk factor for staphylococcal infections worldwide. Similarly, carriage of *Streptococcus pneumoniae* is a prerequisite for pneumococcal disease. Given that preschool children are very likely to transmit pathogens to others, understanding the colonization rates of MRSA and pneumococci has significant importance.

OBJECTIVES

To assess prevalence, and factors associated with nasal carriage of MRSA and *S. pneumoniae* in preschool children attending selected immunization clinics in Kandy, Sri Lanka.

METHOD

Both anterior nasal swabs (NS) and nasopharyngeal swabs (NPS) were obtained from 375 children (2–5 years) at immunization clinics in Teaching Hospital Peradeniya and Yatinuwara MOH region. Data were collected via interviewer-administered questionnaires. Ethical approval was obtained from Faculty of Medicine, University of Peradeniya (2022/EC/11). S. aureus and S. pneumoniae were identified from NS and NPS, respectively, using conventional and molecular methods. Methicillin resistance was determined by Cefoxitin sensitivity and mecA gene detection through PCR.

RESULTS

Among 375 participants, the prevalence of MRSA and *S. pneumoniae* was 14.9% (56) and 18.9% (71) respectively. Only 3.2% (12) carried both MRSA and *S. pneumoniae*. The commonest *S. pneumoniae* serotypes identified were 19F, 6, and 23F. Kindergarten attendance (OR=2.12, 95% CI=1.23-3.65), smokers at home (OR=1.95, 95% CI=1.09-3.47), recent upper respiratory tract infections (URTIs) within last 3 months (OR=15.81, 95% CI=2.15-116.22), family members with URTI (OR=1.72, 95% CI=1.02-2.90) were significantly associated with pneumococcal colonization. No significant associations were found with MRSA colonization. No significant associations were found between MRSA and pneumococcal co-colonization.

CONCLUSIONS

MRSA and *S. pneumoniae* colonization rates were 14.9% and 18.9% among children aged between 2 to 5 years in the study population. Predominant pneumococcal serotypes among the study group were 19F, 6, and 23F. Factors like kindergarten attendance, exposure to smoke and having recent URTI increased the risk of *S. pneumoniae* colonization.

OP 18

DIET AND FEEDING PRACTICES OF A COHORT OF CHILDREN AGED 12-24 MONTHS: FINDINGS FROM SRI LANKAN GROWTH COHORT

Guwani Liyanage[1,2], Upul Senarath[3,4], Shreenika D S Weliange[3,4], Yasaswi Walpita[3,4], Kunarathinum Partheepan[4], Indika Siriwardena[4], Geeta Sathiyadas[1,5] Dhammica Rowel[6], Abner Daniel[6], Hiranya S Jayawickrama[7], Heshan Jayaweera[1,8], Pujitha Wickramasinghe[1,9] on behalf of Sri Lanka Child Growth Cohort (SLCGC)

[1]Sri Lanka College of Paediatricians, Colombo, Sri Lanka, [2]Department of Paediatrics, University of Sri Jayewardenepura, Sri Lanka, [3]Department of Community Medicine, University of Colombo, Sri Lanka, [4]Sri Lanka Office of South Asia Infant Feeding Research Network, Colombo, Sri Lanka, [5]Department of Paediatrics, University of Jaffna, Sri Lanka, [6]UNICEF Sri Lanka, [7]Family Health Bureau, Ministry of Health, Sri Lanka, [8]Department of Paediatrics, University of Peradeniya, Sri Lanka, [9]Department of Paediatrics, University of Colombo, Sri Lanka

INTRODUCTION

Early childhood feeding practices are fundamental for a child's healthy growth and development and is also the proper time for shaping life-long dietary patterns that are health-promoting.

OBJECTIVES

To assess the feeding practices of children during the early years of life.

METHOD

Term newborns (≥37 weeks) aged 12 to 24 months from urban, rural and estate settings of Sri Lanka, born during 2022/23, were assessed using a two-stage stratified cluster sampling method. Information was gathered using an interviewer administered questionnaire and health record

RESULTS

A cohort of 1875 mother baby pairs were studied. Majority of mothers were housewives (76.8%), <35 years (77.9%). The proportion of children who were exclusively breastfed was 86.4% by completion of 4 months and 59.3% by 6 months. After introducing complementary feeding, several inappropriate breastfeeding practices such as demand feeding(68.5%), feeding as a soothing mechanism (58.3%), feeding just before meals (10.6%) were observed. The minimum dietary diversity was 85.7% at 8 months. Despite adequate level of dietary diversity, feeding dairy products, flesh food and eggs was lower during early months of complementary feeding. During the latter half of infancy, there was a rapid increase in the practice of giving sweets (4.4% at 6 months to 66.2% at 12 months) and biscuits (19.7% at 6 months to 79.4% at 12 months). With respect to responsive feeding, there were several substandard practices such as absence of a regular place for feeding (64.2%), inability in recognizing hunger cues (41.1%), forceful feeding (19.3%), not allowing child to feed herself/himself (49.4%), distract feeding while showing animals or surrounding environment (63.3%) and feeding while running around with the child (41.4%).

CONCLUSIONS

Despite high breastfeeding rates several practices of inappropriate Infant and Young Child Feeding Practices were observed. This shows the need of specific nutrition counseling and making available healthy food items which are affordable to all families.

OP 19

LIVING DONATION IS A VIABLE OPTION IN A DEVELOPING INFRASTRUCTURE: INSIGHTS FROM A NEWLY ESTABLISHED PAEDIATRIC LIVER TRANSPLANT PROGRAMME

Meranthi Fernando[1], **Pamalee Herath**[1], **Suchintha Tillakaratne**[1], **Bhagya Gunetilleke**[1], **Aruna Weerasuriya**[1], **Chamila Liyanage**[1], **Buddhima Premaratne**[1], **Rohan Siriwardana**[1]
[1]*Colombo North Centre for Liver Diseases, Sri Lanka*

INTRODUCTION
Liver transplantation (LT) for acute liver failure (ALF) in the paediatric population is a challenge. Newly establishing a LT programme in the absence of a network of deceased donors presents unique obstacles to overcome.

OBJECTIVES
To demonstrate the feasibility of living donor liver transplant in children with ALF, in an emerging transplant programme, in a developing healthcare setting.

METHOD
Paediatric LT commenced in Sri Lanka in 2020, and a total 120 patients were referred till March 2025. ALF was defined based on paediatric acute liver failure study group criteria. Basic evaluation included viral screening, serology and liver biopsy when indicated. Once the decision for LT is made potential hospitals are informed about the need for organs. Living donors were evaluated within the family. In the absence of related donors undirected altruistic donors were considered from the centre's database

RESULTS
Of the 120 referrals, 35 patients (29%) referred with ALF. The median age at referral was 8 years and 9 months (2 months – 13 years) and the median weight was 25.2kg (3.5kg – 56kg). The common aetiologies include Wilson's disease (23%), autoimmune liver disease (20%). 15 (43%) patients had spontaneous recovery while 8 (23%) died without going for liver transplant. 12 patients (34%) underwent liver transplants; 8 (67%) living donor LTs and 4 (33%) deceased donor LTs. Of 8 living donor transplants, 63% are from related live donors, and 37% are from undirected altruistic Buddhist priests. The median time from listing to LT was 72 hours (range: 1–13 days). The 1 month and 3-month survival following LT was 75% and 66% respectively. 25% survived following deceased donation, compared to 87.5% survived following live donation.

CONCLUSIONS
Living donation seems to be the viable option for paediatric LT for ALF. Maintaining a living donor pool composed of altruistic Buddhist monks was lifesaving.

OP 20

FIRST DROPS, FIRST HOPE: A QUALITY IMPROVEMENT PROJECT TO IMPROVE EARLY BREAST FEEDING IN PRETERM INFANTS

M H S M Hassan[1], **B M De Silva**[1], **D V Pemarathne**[1], **P H S Jayaweera**[1], **K A C J J Rathnayake**[1], **H M S Y Herath**[1], **M M F Asrin**[2]
[1]*Teaching Hospital (TH) Badulla, Sri Lanka,* [2]*Colombo South Teaching Hospital, Sri Lanka*

INTRODUCTION
Early breast feeding (BF) is crucial for preterm infants, offering protection against infections, necrotizing enterocolitis (NEC), supporting optimal neurodevelopment and significantly reduce the mortality and morbidity. This Quality Improvement (QI) Project was designed to improve the early initiation of BF (within 6 hours) at Teaching Hospital (TH) Badulla.

OBJECTIVES
To increase the proportion of neonates born at <34 weeks gestation who receive BF within 6 hours (ideally) or within 24 hours of birth, from 42% (within 24 hours) in early 2023 to ≥85% by the end of 2024. This aligns with the Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) and The United Nations Children's Fund (UNICEF) Baby Friendly Initiative standards.

METHOD
A prospective QI project using Plan–Do–Study–Act (PDSA) cycles was conducted from 1st September 2023 to 31st December 2024. All inborn neonates <34 weeks (W) were included, excluding those with congenital anomalies or contraindications to enteral feeding (Intestinal obstruction, NEC and diaphragmatic hernia). The initial four months focused on baseline data collection and designing and implementing PDSA cycles.

Key interventions included**:** Formation of a multidisciplinary QI team, conducting staff awareness and training programs, distributing and displaying PERIPrem breast milk leaflets, initiating maternal milk expression within 1 hour of delivery, administering breast milk for oral care as soon as available, providing antenatal counselling and bedside lactation guidance to mothers.

RESULTS
Of 284 eligible infants, 250 were included after exclusions. Data were analysed monthly basis. The median gestational age was 30 weeks (lowest:24W) and median birth weight was 1240g (range 480g – 1750g). Following the interventions: BF within 6 hours improved to 95% and within 24 hours increased to 96.16% in 2024 and reached 100% during the final 4 months.

CONCLUSIONS
This multidisciplinary, low-cost QI initiative significantly improved early BF initiation in preterm infants.

OP 21

EFFICACY OF A NUTRITIONAL INTERVENTION IN CHILDREN WITH MODERATE ACUTE MALNUTRITION: A RANDOMIZED CONTROLLED TRIAL IN SRI LANKA DURING THE ECONOMIC CRISIS IN 2023

Guwani Liyanage[1,2], S Amali C Dalpatadu[2,3], Jagath C Ranasinghe[2,4], Kalana Peiris[5]. Filippo Dibari[6], Dilka Peiris[5], V Pujitha Wickramasinghe[2,7]

[1]University of Sri Jayewardenepura, Sri Lanka, [2]Sri Lanka College of Paediatricians, Sri Lanka, [3]General Sir John Kotelawala Defence University, Sri Lanka, [4]District General Hospital Nuwara Eliya, Sri Lanka, [5]United Nations World Food Programme, Sri Lanka [6]World Food Program of the United Nations for Asia and the Pacific, Italy, [7]University of Colombo, Sri Lanka

INTRODUCTION

Undernutrition among children remains a public health challenge in Sri Lanka. The 2022/23 economic crisis worsened food insecurity, increasing the risk of malnutrition among children.

OBJECTIVES

To evaluate the efficacy of a supplementary nutritional intervention in improving growth parameters, dietary diversity (DD), and haemoglobin levels among children aged 6–59 months with moderate acute malnutrition (MAM) during the crisis.

METHOD

A randomized controlled trial was conducted in the Nuwara Eliya district. Random assignment was done to either intervention group: received food transfers and caregiver nutrition education, or a control group: received standard care according to the national rehabilitation protocol. The six-month intervention included 12 uninterrupted food transfers aiming to supplement the child's diet. Compliance was monitored to minimize intra-household sharing in addition to clear instructions. Baseline data and follow-up data included 24-hour dietary recalls, anthropometric measurements, haemoglobin. The primary outcome was recovery from MAM (weight-for-height Z-score >-2SD) after six months. Logistic and linear regression analyses evaluated the effect of the intervention, adjusting for potential confounders. Ethical approval taken from University of Sri Jayewardenepura (ERC 02/23). The trial was registered with ISRCTN Registry (ISRCTN86267988).

RESULTS

A total of 510 children (Intervention: 243; Control: 242) was followed for six months. The difference in difference estimates (DiD) of all anthropometric parameters: weight, height, weight-for-height Z-score (WHZ), weight-for-age-Z score, height-for-age-Z score except for mid-upper-arm-circumference-Z score improved during six months of intervention. Improvement in WHZ (AOR:1.75, 95% CI:1.104,2.729, p=0.02) and DD scores (AOR:3.09, 95% CI:1.838,5.203, p<0.001) was twice and three times greater, respectively, in the intervention group after adjustment for confounders.

CONCLUSIONS

The intervention significantly improved nutritional outcomes among children with Moderate Acute Malnutrition.

OP 22

EFFECT OF MATERNAL PARTICIPATION IN NEONATAL CARE ON STRESS, ANXIETY, AND DEPRESSION: A CROSS-SECTIONAL STUDY IN TWO SRI LANKAN NEONATAL UNITS

N C Gamhewage[1], M Rishard[2,3], N Gamaathige[3], L Janet[2], Ilaria Mariani[4], H Senanayake[2], Marzia Lazzerini[4,5]

[1]*Faculty of Medical Sciences, University of Sri Jayewardenepura, Colombo South Teaching Hospital, Sri Lanka,* [2]*Faculty of Medicine, University of Colombo, Sri Lanka,* [3]*De Soysa Maternity Hospital for Women, Colombo, Sri Lanka,* [4]*Maternal Adolescent Reproductive and Child Health Care Centre, London School of Hygiene & Tropical Medicine, London, UK,* [5]*WHO Collaborating Centre for Maternal and Child Health, Institute for Maternal and Child Health – IRCCS Burlo Garofolo, Trieste, Italy*

INTRODUCTION

Admission of a newborn to the Neonatal Intensive Care Unit (NICU) is associated with significant maternal psychological distress. However, little data is available on maternal psychological morbidity and their participation in the care of the neonate from resource-limited settings. This is part of a multi-country study titled " Empowering Parents of newborns in the NICU".

OBJECTIVES

We evaluated the degree of maternal involvement in NICU under "activities of daily living", "providing comfort", "advocating for newborn health" and "technical tasks". We also assessed its association with maternal stress, depression, and anxiety.

METHOD

A cross-sectional study was conducted at two tertiary hospitals in Colombo, from November 2023 to September 2024. Ethical clearance was obtained from Ethics review committee, Faculty of Medicine, Colombo (EC-19-032). Mothers of neonates admitted for ≥48 hours were recruited. Maternal mental health was assessed using the Parental Stressor Scale: NICU, Edinburgh Postnatal Depression Scale, and State-Trait Anxiety Inventory. Participation in care was measured using the Index of Parental Participation in NICU (IPP-NICU). Logistic regression analyses were used to assess associations between participation and mental health outcomes.

RESULTS

Among 300 mothers, high levels of psychological distress were noted- 73% reported stress, 87% signs of depression, and 77% anxiety. Only 13% scored more than 20 in IPP-NICU ≥20 (maximum score; 30). The largest gap between the highest achievable score and the mean score was observed in the 'Technical tasks" domain. Higher participation was significantly associated with reduced stress (aOR 0.27, p=0.001) and state anxiety (aOR 0.32, p=0.005), but not with depression. (aOR 0.76, p=0.633).

CONCLUSIONS

Significant psychological morbidity was noted among the mothers. Maternal involvement in newborn's care was limited, particularly in technical tasks. Greater participation was linked to lower maternal stress and anxiety.

OP 23

PSYCHOSOCIAL WELL-BEING, LIVED EXPERIENCES, AND PERCEPTIONS OF CHILDREN AGED 10-18 YEARS RESIDING IN DIVERSE ALTERNATIVE CARE SETTINGS IN WESTERN PROVINCE, A MIXED METHOD STUDY

D V Vipulaguna[1], Piyanjali de Zoysa[2], Upul Senarath[3], Manuj C Weerasinghe[4], D G Harendra De Silva[4]

[1]*Colombo North Teaching Hospital, Sri Lanka,* [2]*Department of Psychiatry, Faculty of Medicine, University of Colombo, Sri Lanka,* [3]*Department of Community Medicine, Faculty of Medicine, University of Colombo, Sri Lanka,* [4]*Faculty of Medicine, University of Colombo, Sri Lanka,*

INTRODUCTION

The State holds the responsibility of ensuring appropriate alternative care for children who are unable to remain with their families. As outlined in the *National Alternative Care Policy for Children in Sri Lanka* (DPCS, 2019), such care is classified as either family-based or family-like. However, substantial gaps in existing care frameworks and operational systems create challenges to replicating family settings.

OBJECTIVES

This study aimed to conduct an in-depth assessment of the psychosocial well-being, lived experiences, and perceptions of children residing in diverse alternative care settings in Western Province.

METHOD

A mixed-methods approach adopted. The quantitative component involved a cross-sectional survey using the Personality Assessment Questionnaire (PAQ) in validated Sinhala and Tamil versions to assess psychological maladjustment among children aged 10–18 years, selected through stratified random sampling. The qualitative component employed purposive sampling to ensure representation across diverse care settings, including 4 focus group discussions and 12 in-depth interviews. Data were audio-recorded, transcribed, and analyzed thematically. Ethical approval was obtained from the Ethics Review Committee of the Sri Lanka College of Paediatricians.

RESULTS

Among the 268 children surveyed, the majority were female (60.4%). Care settings included Fit Person care, NGO-based foster families, child development centres, certified schools, and remand homes. Of the 268 children in the study, 192 (71.6%) had a score at or above the PAQs' cut-off of 89 (M=97.1; SD=14), with the highest rates in remand homes (93.3%) and the lowest in Fit Person care (50%). Thematic analysis highlighted mixed attitudes toward education, limited resources, and material-based perceptions of happiness. Future aspirations were often vague, particularly among those without family, and opportunities were limited.

CONCLUSIONS

Results reveal a higher percentage of psychological maladjustment, limited opportunities and aspirations in children aged 10-18 in alternative care.

OP 24

IMPACT OF CAREGIVER TRAINING ON IMPLEMENTING INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER: A ONE-YEAR IMPLEMENTATION REVIEW FROM APRIL 2024 TO APRIL 2025

H Iranthika[1,2], **W M K Perera**[1,2], **S P Sumanasena**[1,2]

[1]Department of Disability Studies, Faculty of Medicine, University of Kelaniya, Sri Lanka, [2]Ayati National Center for Children with Disabilities, Faculty of Medicine, University of Kelaniya, Sri Lanka

INTRODUCTION

In low- and middle-income countries (LMICs), caregiver-mediated intervention models are emerging as scalable and effective approaches to support children with Autism-Spectrum Disorder (ASD). The Ayati National Centre in Sri Lanka launched a structured caregiver training program in 2023 to equip families with practical, evidence-informed strategies for home-based intervention

OBJECTIVES

This study presents an evaluation of the second year of implementation, focusing on caregiver engagement and outcomes between April 2024 and April 2025.

METHOD

This cross-sectional descriptive evaluation included families of children with a confirmed ASD diagnosis who completed at least eight weeks of training. During follow-up clinical sessions, Speech and Language Therapists (SLTs) supported caregivers in completing structured questionnaires assessing self-perceived confidence (on a 10-point scale), program perceptions, and strategy implementation at home. Comparative analysis was conducted using data from the first year (2023–2024) as a baseline.

RESULTS

A total of 188 caregivers participated in Year 2, marking a 79% increase from Year 1 (105 participants). Children represented ASD Levels 1–3, with over 60% receiving concurrent therapy services. Mean caregiver confidence improved significantly from pre- to post-training (3.5 to 8.2, $p < 0.001$). Notably, 86.2% reported consistent use of trained strategies at home, compared to 78.1% the previous year. More caregivers (31.2%) reported increased confidence in managing behavioural challenges, up from 26.7%. Training topics included functional communication, child-led play, and behaviour support. Common challenges involved joint attention, emotional regulation, and generalizing skills.

CONCLUSIONS

This second-year review demonstrates sustained improvements in caregiver confidence, participation, and skill use, reinforcing the relevance of structured training programmes in LMICs.

OP 25

LANGUAGE SKILLS IN CHILDREN WITH CEREBRAL VISUAL IMPAIRMENT (CVI) IN SRI LANKA

B M Devagiri[1,2], **W M K Perera**[1,2], **S P Sumanasena**[1,2]
[1]Department of Disability Studies, Faculty of Medicine, University of Kelaniya, Sri Lanka, [2]Ayati National Center for Children with Disabilities, Faculty of Medicine, University of Kelaniya, Sri Lanka

INTRODUCTION

Vision and language development are deeply interconnected in early childhood. Cerebral Visual Impairment (CVI), often seen in children with cerebral palsy (CP), results from functional brain dysfunction rather than ocular pathology. A growing body of evidence highlights perinatal and genetic causes for CVI.

OBJECTIVES

This study aimed to describe the clinical profiles and language skills of children with confirmed CVI and to evaluate the association between CVI characteristics and language skills.

METHOD

A cross-sectional descriptive study was conducted at a developmental clinic from November 2023 to January 2024. Children aged 3–6 years with a confirmed CVI diagnosis were included. Clinical profiles, perinatal risk factors, and CVI phase (1–3) classifications were extracted from medical records. A team-validated, adapted language checklist based on CDC milestones was used to assess receptive (RL) and expressive (EL) language skills across age bands (3.1–4, 4.1–5, and 5.1–6 years). Language assessments were conducted by an SLT experienced in CVI. Data were analysed using SPSS.

RESULTS

The sample included 97 children (47 males), mean age 3.5 ± 0.92 years. Most referrals were due to CP (n=54; 55.67%), while 17 children (17.53%) presented with language delay. CVI classifications included Phase 1 (n=16), Phase 2 (n=50), and Phase 3 (n=32). Common perinatal risks included prematurity (n=41), low birth weight (n=38), neonatal jaundice (n=37), sepsis (n=25), and hypoglycaemia (n=25). Gross motor delays were found in 89 children, and language delays in all 97. Higher CVI phases correlated significantly with better RL ($\chi^2(2)=44.291$, $p<0.001$) and EL ($\chi^2(2)=44.191$, $p<0.001$) scores.

CONCLUSIONS

Children with perinatal risk factors should be screened for CVI. Importantly, language delay may be the first presenting concern. Early identification of CVI features is essential to guide targeted intervention.

OP 26

BREAKING BARRIERS TO DIAGNOSIS: LEVEL 4 PORTABLE OXIMETRY FOR DETECTION OF PAEDIATRIC OBSTRUCTIVE SLEEP APNOEA

H G H Udara[1], **D D S De Zoysa**[1], **H S Gajaweera**[1]
[1]*Paediatric Pulmonology Unit, National Hospital Galle, Sri Lanka*

INTRODUCTION

Polysomnography remains the gold standard for diagnosis of obstructive sleep apnoea (OSA) however its resource-intensive nature limits accessibility in many clinical settings presenting a major challenge in Sri Lanka. This study evaluates level 4 portable oximetry as an alternative diagnostic approach for paediatric OSA until such service is established.

OBJECTIVES

To assess the diagnostic utility of portable oximetry for pediatric OSA, and evaluate correlations between clinical assessment, SRBD PSQ questionnaire scores and oximetry parameters.

METHOD

This prospective cohort study conducted at National Hospital Galle (2024), enrolled 23 paediatric patients with suspected sleep-disordered breathing. Subjects underwent clinical evaluation, 26 item Sleep-Related Breathing Disorder Paediatric Sleep Questionnaire (SRBD-PSQ) assessment, early morning blood gas analysis, and overnight continuous pulse oximetry using Masimo Rad 97®.

RESULTS

The cohort included patients aged 2-15 years, mean 8.5 years (male: female ratio 1:1) and 78.3% of the cohort included subjects with various comorbidities. Despite 73.9% of participants scoring negative on SRBD-PSQ (mean score 0.25), nocturnal oximetry which yielded good quality data in 82.6% of cases detected OSA in 52.6% of participants. Of which, 42.1% exhibited mild OSA while 10.5% demonstrated moderate OSA. Mean SpO_2 was 98.5%, mean 3% oxygen desaturation index was 6.12/hour, and mean pulse rate was 85.65 beats/minute. No significant correlation existed between questionnaire scores and oximetry parameters and patient factors. Based on these findings, management strategies were implemented including active surveillance (52.2%), NIV therapy (4.3%), surgical referral for tonsillectomy (8.7%), and weight reduction (13%).

CONCLUSIONS

Level 4 portable oximetry demonstrated significant diagnostic utility for paediatric OSA in National Hospital Galle.

OP 27

ALPHA-GAL SYNDROME IN SRI LANKAN CHILDREN: A RETROSPECTIVE ANALYSIS OF CLINICAL CHARACTERISTICS, SENSITIZATION PATTERNS, AND ASSOCIATED RISK FACTORS

Inoka Sepali Aberathna[1], **Thushali Ranasinghe**[1], **Jeewantha Jayamali**[1], **Harshani Chathurangika**[1], **Neelika Malavige**[1], **Uvini Amarasekara**[1], **Chandima Jeewandara**[1]
[1]*Allergy Immunology and Cell Biology Unit, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION
Alpha-gal syndrome (AGS) is a unique, delayed-type food allergy triggered by galactose-α-1,3-galactose (alpha-gal), a carbohydrate found in mammalian meat and related products.

OBJECTIVES
This study aimed to describe the clinical profiles, sensitization patterns, and risk factors of children diagnosed with AGS at a tertiary allergy clinic in Sri Lanka between 2022 and 2024.

METHOD
121 children (67 males) who had clinical features suggestive of alpha- gal syndrome, referred to our allergy clinic were recruited to the study. Demographic data was collected along with a comprehensive clinical evaluation and relevant skin prick test (beef, pork, mutton, gelatine, cow's milk) and laboratory tests were done in all. Serum alpha-gal-specific IgE levels were measured using ImmunoCAP assays.

RESULTS
116/121 (95.87%; 95% CI: 92.32–99.41) tested positive for alpha-gal. The median age was 10 years (IQR: 6 months–18 years). The most common presenting symptoms included gastrointestinal manifestations (87/116, 75%), cutaneous reactions (71/116, 61.21%), cardiovascular symptoms (39/116, 33.62%), and respiratory symptoms (25/116, 21.55%). Anaphylaxis was documented in 72 cases (62.07%; 95% CI: 53.24–70.90). The median time interval between meat consumption and symptom onset was 2-6 hours. 28/116 (24.14%) developed a reaction following ingestion of cow's milk, followed by beef (21.55%), pork (17.24%), mutton (10.34%), yoghurt (6.89%), gelatine (5.17%), and curd (2.58%). 5.17% reacted to other items (e.g., marshmallows, tinned fish, chocolate, commercial beverages), while triggers were unknown in 6.89% of cases. A positive family history of mammalian meat allergy was a significant risk factor for AGS ($p < 0.0001$; OR = 14.2, 95% CI: 3.9–30.1).

CONCLUSIONS
AGS is an underrecognized condition in Sri Lanka, often presenting with delayed allergic reactions after mammalian meat, dairy, and gelatine-containing products consumption. The findings highlight the importance of considering AGS in patients presenting with atypical allergic reactions and a history of tick exposure.

OP 28

REDUCTION OF THE RELAPSE RATE FOLLOWING INFLUENZA VACCINATION IN FREQUENTLY RELAPSING NEPHROTIC SYNDROME

Asiri Abeyagunawardena[1], **Niklesha Medagedara**[1], **Imalsha Anushki Abeygunawardhana**[2], **Ameenudeen Mohamed Nawfar**[3], **Abiramie Jayakrishna**[3]
[1]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [2]*IM Sechenov First Moscow State Medical University, Moscow, Russia,* [3]*Paediatric Unit, Teaching Hospital, Peradeniya, Sri Lanka*

INTRODUCTION
Nephrotic syndrome (NS) is the most common glomerular disease in children, with over 85% responding to steroid therapy. However, the disease is characterized by a relapsing-remitting course. Relapses pose risks such as hypovolemia, thrombosis, and infection. These episodes are often triggered by viral upper respiratory tract infections. Influenza vaccination is known to reduce not only influenza but also other viral infections due to cross-protection. This study was undertaken to evaluate the potential reduction in relapse rates in children with frequently relapsing NS following influenza vaccination.

OBJECTIVES
To assess whether influenza vaccination reduces the frequency of relapses and the cumulative steroid dose in children with frequently relapsing NS.

METHOD
Children with NS who experienced frequent relapses associated with viral upper respiratory tract infections were offered the influenza vaccine, as they were receiving immunosuppressive therapy. Patients who received the vaccine for the first time between 2018 and 2023 were included. Relapse episodes in the 12 months before and after vaccination were compared. Parents were advised to test and record daily urine protein using a patient-held record book. A relapse was defined as three consecutive days of 3+ proteinuria. Cumulative steroid dose for both periods was also recorded.

RESULTS
The study included 64 children aged 5.2 to 16.8 years (mean 10.5, SD 2.48). The mean cumulative steroid doses before and after vaccination were 93 mg/kg (SD 64.2) and 76 mg/kg (SD 51.3), respectively. The Poisson regression model estimated an incidence rate ratio (IRR) of 0.40 (89% CrI 0.26–0.63), indicating a 60% reduction in relapse frequency. The estimated reduction in cumulative steroid dose was 16.69 mg/kg (89% CrI 11.67–21.86).

CONCLUSIONS
Influenza vaccination in children with frequently relapsing NS resulted in a significant reduction in both relapse frequency and cumulative steroid dose.

ABSTRACTS OF FREE POSTER PRESENTATIONS

Photo: Dr Duminda Samarasinghe

PP 01

AN AUDIT ON KNOWLEDGE AND PRACTICES ON HEATED HUMIDIFIED HIGH FLOW NASAL OXYGEN (HHHFNO) AMONG DOCTORS AND NURSES IN A PAEDIATRIC WARD AT LADY RIDGEWAY HOSPITAL FOR CHILDREN (LRH)

A R D V S Ramanayake[1], **S Viknarajah**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
The knowledge and practices around HHHFNO is still low in Sri Lanka, especially given its increasing use in hospitals. Proper training is crucial for both doctors and nurses to ensure they can operate the HHHFNO machines effectively and safely.

OBJECTIVES
To assess the knowledge and practices of using HHHFNO in paediatric patients among the doctors and nursing officers in a paediatric ward of Lady Ridgeway Hospital for Children in Sri Lanka.

METHOD
An audit was conducted at a paediatric ward in the LRH, from August to November 2024. The data were collected through a self-administered questionnaire after obtaining the consent. The data were analysed using SPSS version 22.

RESULTS
Twenty-six participated and of them 18 (69.2%) were doctors and 8 (30.8%) were nurses. The average knowledge about HHHFNO was 69.9%, doctors scoring 68%, and nurses scoring 75.2%. Knowledge about modes, flow rate, oxygen supply, water chamber, adjusting the FiO2, indications and general care were good (>75%) in both groups. However, knowledge of doctors on maximum flow rate in paediatric mode (38.8%), colour matched size of nasal cannulae (29.6%), choosing nasal cannula size (63.8%), optimum temperature (38.8%), global recommendations (56.9%) and disinfection (53.7%) was less compared to nurses where they scored 87.5%, 75%, 81.2%, 75%, 87.5% and 95.8% respectively. Knowledge of nurses on minimum FiO2 (33.3%), maximum FiO2 (33.3%), unlocking settings (50%) and contraindications (53.1%) was less compared to doctors where they scored 83.3%, 61.1%, 77.7% and 70.8% respectively. Knowledge on maximum flow rate in adult mode (38.4%) and the amount of nostril to be covered with the nasal cannula (23%) was very poor in both groups.

CONCLUSIONS
There were notable gaps in the knowledge and practices regarding HHHFNO among both doctors and nurses on several aspects in the paediatric ward at LRH.

PP 02

HEPATITIS-A ASSOCIATED APLASTIC ANAEMIA IN A CHILD: A RARE PRESENTATION

A R D V S Ramanayake[1], **G R W.Mihirani**[1], **S Viknarajah**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Hepatitis associated with aplastic anaemia (HAAA) is uncommon. A variety of haematological manifestations have been described in acute HAV infection including aplastic anemia, which is an extremely rare in HAV infected patients with a few cases reported. Here, we report a child with HAAA.

CASE REPORT

A 5-year-old, previously well, boy developed fever for 7 days, 1 month back which settled with oral medicines. After around 1 month he developed respiratory symptoms and sought medical advice where a full blood count was done which showed pancytopenia with white blood cell count 200/cu mm, haemoglobin 7g/dL and platelet count 8000/cu mm. In addition, alanine transaminase level was 800 U/L There was no fever or any other systemic symptoms.

On examination, he was pale, with no dysmorphic features, no skeletal deformities, no petechiae, no bruises, no hepatosplenomegaly and no lymph node enlargement. There were no abnormal cells in the blood picture; however, there was reticulocytopenia of 0.4%. As there was a possible exposure to a hepatitis-A patient, 1 month back, we did Hepatitis-A serology in this child, which became positive for Hepatitis-A IgG while Hepatitis-A IgM was negative.

He has undergone trephine bone marrow biopsy which revealed hypocellular marrow without blasts. He was started on cyclosporin and needed G-CSF, platelet transfusions and blood transfusions. He is now awaiting bone marrow transplantation.

DISCUSSION

HAAA has been traditionally associated with non-A, non-B, and non-C viruses. HAV causing aplastic anaemia is unusual in children. Timing and type of treatment depends on the severity of aplastic anaemia and availability of HLA matched family donor. For those who have no suitable donor, immunosuppressive therapy with anti-thymocyte globulin and cyclosporine has been successful.

PP 03

EOSINOPHILIC PANNICULITIS ASSOCIATED WITH TOXOPLASMOSIS IN A FEMALE CHILD: AN UNUSUAL PRESENTATION

A R D V S Ramanayake[1], **D Perera**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Eosinophilic panniculitis is characterized by a prominent infiltration of subcutaneous fat with eosinophils. It is considered a reactive process associated with different clinical conditions such as atopic dermatitis, contact dermatitis, arthropod bites, lymphomas, autoimmunity and infectious processes such as Toxocara, Streptococcus. The exact pathogenesis of is not clear.

CASE REPORT

A 2½ year old, previously healthy, girl presented with a nodule of size 2cm × 2cm over the right forearm, with inflammatory changes for 2 months duration. The nodule progressively increased in size developing into an annular plaque of size 10cm × 7cm with an erythematous to violaceous colour indurated, and raised area, without any response to the treatments received including incision and drainage. Apart from that, there were no other skin lesions, lymph node enlargement or organomegaly.

There was mild eosinophilia and slightly elevated inflammatory markers. Incisional biopsy showed eosinophilic panniculitis with a granulomatous reaction without any evidence of malignancy.

While evaluating for the underlying aetiology, Toxoplasma IgM became positive and the child was started on oral cotrimoxazole, as she was allergic to pyrimethamine. The size of the nodule and the surrounding induration subsided gradually after starting oral cotrimoxazole and finally disappeared.

DISCUSSION

Eosinophilic panniculitis can present with nodules, plaques or pustules. It mainly affects the arms, legs, trunk and face. Histopathologically, there will be prominent infiltration of the subcutaneous fat with eosinophils. It may be associated with a variety of clinical conditions. Therefore, once a diagnosis of eosinophilic panniculitis has been established, a proper evaluation should be carried out to determine the underlying aetiology. Treatment is based on the underlying aetiology; however, it is difficult, and recurrences are common.

PP 04

HODGKIN LYMPHOMA WITH PANCYTOPENIA WITHOUT BONE MARROW INFILTRATION IN A CHILD: A RARE PRESENTATION

A R D V S Ramanayake[1], **Y Nimalraj**[1], **S Viknarajah**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Hodgkin lymphoma (HL) is a rare malignancy in the paediatric population. It usually presents as lymphadenopathy and B-symptoms. Bone marrow infiltration usually occurs in advanced stage and extensive disease in Hodgkin lymphoma in which the patient may presents with pancytopenia. Pancytopenia can occur due to bone marrow infiltration and/or autoimmune destruction.

CASE REPORT

A 13-year and 10-month-old, previously well, boy was incidentally found to be having pancytopenia when he sought medical advice for a facial abscess. There were no recurrent infections, bleeding manifestations or anaemic features, and no recent history of fever and upper respiratory tract symptoms.

On examination, he was afebrile, severely pale and there was gum bleeding as well. There was significant lymph node enlargement on the right side of the neck which was 6×5cm in size with irregular margins, not attached to the skin, no inflammatory changes overlying and that was non tender. Additionally, there was hepatosplenomegaly.

His full blood count revealed pancytopenia with absolute neutrophil count 100/cu mm, haemoglobin 5.5g/dL and platelet count 5000/cu mm. Viral panel, ANA, DsDNA and urine for haemosiderin were negative. Bone marrow biopsy revealed hypocellular bone marrow with 2% blasts while the blood picture only showed pancytopenia without abnormal cells without reticulocytopenia.

Blood and platelet transfusions were given and intravenous piperacillin Tazobactam was started as there was severe neutropenia. Lymph node biopsy revealed Reed Sternberg cells suggestive of Hodgkin's lymphoma. The patient was then transferred to Apeksha Hospital for further management.

DISCUSSION

HL is a malignancy that affects the reticuloendothelial and lymphatic systems. Most patients with HL present with persistent painless lymphadenopathy. Extra nodal lesions in HL mainly involve liver, spleen, lung, bone and bone marrow. HL is highly sensitive to chemotherapy and irradiation.

PP 05

BILATERAL SUBDURAL HYGROMAS IN A CHILD WITH B-CELL ACUTE LYMPHOBLASTIC LEUKAEMIA (B-ALL): A SERIOUS COMPLICATION OF POST-INTRATHECAL CHEMOTHERAPY

A R D V S Ramanayake[1], **Y Nimalraj**[1], **S Viknarajah**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

A subdural hygroma is an accumulation of cerebrospinal fluid in the subdural space that may occur secondary to lumbar puncture. Bilateral subdural hygromas following intrathecal methotrexate is a very rare complication that has only been sporadically reported in the literature. They usually present with headache, vomiting, vertigo, visual disturbances, drowsiness and loss of consciousness whereas our child presented with increased frequency of convulsions.

CASE REPORT

A 5-year-old boy was diagnosed with B-ALL and has undergone chemotherapy. One year after starting chemotherapy, it was noted that there were bilateral subdural haematomas in the follow-up magnetic resonance imaging (MRI) of brain and he has undergone bilateral burr hole aspirations.

One month following the above surgery, he presented to us with increased frequency of convulsions and the repeat contrast enhanced computed tomography (CECT) scan of brain revealed bilateral subdural collections for which he has undergone surgery with insertion of bilateral drains.

The drains consisted of straw coloured fluid suggestive of cerebrospinal fluid (CSF). As the subdural collections were CSF and not blood, attention was directed to the possible diagnosis of CSF hygroma following intrathecal drugs given for prolonged durations leading to CSF leaks. MRI of spine, performed to look for CSF leaks, found that there was significant epidural enhancement and pockets of fluid measuring approximately 9×4×9.5mm with volume of about 3ml.

An autologous blood patch was inserted into the epidural space at the site of the CSF leak site and then a follow up MRI spine was performed.

DISCUSSION

The mechanism for subdural hygroma via lumbar puncture (LP) is not well established but is presumed to involve a lumbar CSF leak with a reduction in CSF pressure. Initial management of subdural hygromas involves conservative measures, including bed rest combined with fluid supplementation, analgesic agents, and even caffeine. The epidural blood patch (EBP) is indicated if the conservative treatment is ineffective.

PP 06

AN AUDIT ON KNOWLEDGE AND PRACTICES ON NEBULIZATION AMONG DOCTORS AND NURSES IN A PAEDIATRIC WARD AT LADY RIDGEWAY HOSPITAL FOR CHILDREN

A R D V S Ramanayake[1], **S Viknarajah**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
A thorough understanding of nebulization is crucial for achieving optimal patient outcomes. Unfortunately, incorrect practices are still observed, which pose risks to patients.

OBJECTIVES
To assess the knowledge and practices of nebulization among doctors and nurses in a paediatric ward at Lady Ridgeway Hospital for Children in Sri Lanka.

METHOD
An audit was conducted in a paediatric ward at LRH from August to November 2024. Data were collected through a self-administered questionnaire after obtaining consent. The data were analysed using SPSS version 22.

RESULTS
Twenty-eight participants were involved, including 21 doctors (75%) and 7 nurses (25%). The average knowledge regarding nebulization was 74.3%, with doctors scoring 79% and nurses scoring 60.1%. Both groups demonstrated good knowledge (>75%) on the types, total volume, and frequency of nebulizer solutions, drug doses for different age groups, oxygen flow rate, and indications for nebulization.

However, doctors had less knowledge on the concentration of ipratropium (52.3%) and the duration of nebulization (66.6%) compared to nurses who scored 100% and 71.4%, respectively. Nurses had less knowledge on side effects (54.7%), nebulizer solutions for back-to-back nebulization (28.5%), and oxygen source (52.3%) compared to doctors who scored 70.6%, 76.1%, and 84.1%, respectively.

The practices of doctors on prescribing nebulization (85.1%) and changing nebulization (71.4%) were good. Nurses rated the doctors' practices on prescribing nebulization at 75% and changing nebulization at 66.6%, with no significant difference from the doctors' responses. The nurses' practice on nebulization was rated at 75%, indicating good practices.

CONCLUSIONS
Overall, the knowledge and practices regarding nebulization among doctors and nurses were good, with a few areas needing improvement through guidance and further training.

PP 08

AUDIT ON TRANSFERS TO A PAEDIATRIC UNIT AT A TEACHING HOSPITAL

K P J Perera[1], **H M N M Herath**[2]
[1]*Department of Paediatrics, Faculty of Medicine, Wayamba University of Sri Lanka,*
[2]*Department of Pharmacology, Faculty of Medicine, Wayamba University of Sri Lanka*

INTRODUCTION

Transferring patients from one hospital to another is an important aspect of patient management. There are basic principles to follow during transfers, but often not practiced. Inappropriate transfer process is more damaging to patients than beneficial. Thus, this audit was conducted to review the transfer process to a Paediatric unit at a teaching hospital

OBJECTIVES

To find out whether standard policies are practised during transfer of paediatric patients.

METHOD

All transfers to the unit between June to August 2024, were analysed. Information was recorded into Google form. One hundred transfers were evaluated. Written permission was obtained from the hospital director.

RESULTS

Of the transfers, 72% were from district hospitals and the rest from base hospitals. Only in 11% was the receiving hospital informed about the transfer. A doctor accompanied the patient only in 8%. Only 40% of parents were informed about the need for transfer and written consent obtained; 42% of transfers were between 6 pm to 6 am; 36% children had intravenous access on arrival. On receiving consultant's opinion, only 45% had a justifiable reason for transfer; 95% were for expert opinion and investigations. On admission, all patients were haemodynamically stable; none had hypothermia/ hypoglycaemia.

CONCLUSIONS

In most instances standard procedure was not followed during transfers. Significant number of transfers were unnecessary, causing additional expenses to the State and hardship to patients. Most transfers were due to lack of expertise at local hospitals. No prior informing of the receiving hospital and high transfers rate at night caused difficulties to the receiving unit.

PP 08

BATWING DYSTONIA IN AN INFANT AFTER CORRECTION OF VITAMIN B12 DEFICIENCY: A CASE REPORT

S D L Sewwandi[1], **A R D V S Ramanayake**[1], **D. Perera**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Involuntary movements can rarely appear in infants with vitamin B12 deficiency, after initiation of vitamin B12 treatment, which is known as batwing dystonia. The dystonia is possibly a nutritional recovery movement disorder due to basal ganglia dysfunction.

CASE REPORT

A 2 1/2-month-old baby girl, born at term with a birth weight of 2.4kg, who presented with failure to thrive and pancytopenia, was diagnosed with vitamin B12 deficiency due to maternal vitamin B12 deficiency.

She was started on intramuscular vitamin B12 treatment and 2 days later developed near-continuous, involuntary, abnormal movements which started in the left upper and lower limbs with abduction at the shoulder, flexion at the elbows, pronation and fisting of hands in midline with rigidity, resembling myoclonus. In addition, involuntary movements were noted in the head with twitching of the eyes and protrusion of the tongue (oro-linguo-mandibular region) while the baby was alert and conscious. These movements were less prominent during sleep. The abnormal movements extended to the right upper and lower limbs on the next day with involvement of the whole body.

Apart from the pancytopenia observed in the full blood count, blood sugar, serum electrolytes, ultrasound scan of the brain and electroencephalogram were normal excluding a possible seizure. Thinking of the possibility of the batwing dystonia, which is also called infantile tremor syndrome, vitamin B12 treatment was withheld. Thereafter, the abnormal movements slowly disappeared. After complete disappearance of the abnormal movements, vitamin B12 treatment was re-started with a lower dose without further dystonic movements.

DISCUSSION

Batwing dystonia can occur after starting treatments for vitamin B12 deficiency. The onset of tremor is usually focal and intermittent, and tremors rapidly progress to generalized involvement that may be asymmetrical and multifocal which can mimic seizures. These dystonic movements disappear after discontinuation of vitamin B12 treatment.

PP 09

A NEONATE WITH CO-EXISTING INCONTINENTIA PIGMENTI AND HERPES SIMPLEX VIRUS (HSV) ENCEPHALITIS

S Zulaiha Zuhair[1], **M Arshath Ahamed**[1]
[1]*Base Hospital Sammanthurai, Sri Lanka*

INTRODUCTION

We are presenting a neonate who came to our unit on day 03, who we managed and discharged as co-existing Incontinentia Pigmenti and HSV Encephalitis, currently on follow up for possible complications

CASE REPORT

A Day 3 baby girl presented to us with a generalized erythematous rash with occasional blisters, initially thought to be extensive erythema toxicum. The following day she developed short lasting convulsions. She was started on first line antibiotics, anti-viral drugs and anti-seizure medications. The mother had no risk factors for sepsis, no previous miscarriages, and the antenatal and postnatal periods were uneventful and there was no family history of metabolic diseases.

All blood investigations were normal. The convulsions were brought under control within 24 hours, and over the next few days the rash evolved into a typical vesicular and then a hyperpigmented rash along lines of Blaschko. The typical skin manifestation, together with a high eosinophil count favoured the clinical diagnosis of Incontinentia Pigmenti. Skin scrapings and Ultrasound brain were suggestive of HSV Encephalitis.

DISCUSSION

Incontinentia Pigmenti is a very rare X-linked dominant skin disorder, with potentially life-threatening complications including the central nervous system and eyes. In this rare case, we found the baby presenting in very early life with neurological manifestations. She was the fourth born girl to non-consanguineous parents. There were no male children in the family and no history of miscarriages. Although the diagnosis was clouded due to the suspected co-existence of HSV, the clinical presentation and progression of the disease was highly suggestive of Incontinentia Pigmenti.

PP 10

EWING SARCOMA OF SPINE IN A CHILD WITH T-CELL ACUTE LYMPHOBLASTIC LEUKAEMIA (T-ALL): A RARE AND AGGRESSIVE TUMOUR

A R D V S Ramanayake[1], **V Veerasingam**[1], **S Viknarajah**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

It is uncommon for a child to develop both Ewing's sarcoma and T-ALL simultaneously. Intradural extramedullary Ewing sarcoma is a rare form of spinal tumour and has high rates of recurrence and metastasis.

CASE REPORT

A 12-year-old girl, who was diagnosed with T-ALL and defaulted treatment for 2 years, was admitted to hospital with progressive difficulty in walking and bilateral lower limb numbness. There was no recent history of fever, no exposure to tuberculosis, no loss of appetite and loss of weight. There was no bladder or bowel dysfunction. There was no upper limb or face involvement.

On examination, the child was afebrile, not pale, no bleeding manifestations. Her central nervous system examination revealed, reduced tone and power in bilateral lower limbs. Both knee and ankle reflexes were normal, but the plantars were upgoing. Her sensory examination revealed a sensory level of T8. Her joint position sensation was affected and it was difficult to check her gait. There was no cranial nerve involvement. There was no urinary incontinence and anal tone was normal.

Her full blood count, blood picture and cerebrospinal fluid full report were normal without evidence of relapse. Bone marrow biopsy showed normocellular bone marrow with no features of relapsed T-ALL. Magnetic resonance imaging of the spine revealed a large left posterior mediastinal mass of 79mm x 68mm x 64mm in size extending from D1 to D5 level. A biopsy was taken from the paraspinal lesion which was compatible with a small blue cell tumour, suggestive of Ewing sarcoma. The child was transferred to Apeksha hospital for chemotherapy and radiotherapy.

DISCUSSION

Ewing sarcoma in the spine of a child is a rare, highly malignant bone cancer that primarily affects adolescents and young adults, although it can occur in children, and is considered a serious condition due to its potential to rapidly spread and compress the spinal cord, causing neurological symptoms.

PP 11

PRESCHOOLERS, EXCLUSIVELY BREASTFED IN INFANCY ARE PROTECTED AGAINST INFECTIONS BUT NOT ALLERGIES: A RETROSPECTIVE COHORT STUDY FROM SRI LANKA

N D Kiridana[1], P A C R Kumara[1], K I Keerthisinghe[1], K D S Kawya[1], N D Kiriwaththuduwa[1], Kinley Wangmo[1], K Dayasiri[2]
[1]*Faculty of Medicine, University of Kelaniya, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

Breastmilk, while providing the infant with the optimum nutrition, offers protection against infections and allergies well beyond infancy. However, factors other than breast feeding may affect the occurrence of infections and allergies. We aimed to assess the impact of exclusive breastfeeding (EBF) during early infancy on later development of allergies and infections in pre-schoolers.

OBJECTIVES

To assess the impact of EBF during early infancy on later development of allergies and infections in pre-schoolers.

METHOD

An analytical retrospective cohort study was performed on 88 children aged 3 to 5 years in Ragama, a sub-urban area in western Sri Lanka, from May 2023 to April 2024, born at term with normal birthweight. Children were grouped based on the duration of EBF (6 months and <6 months). Sociodemographic data and history of allergies and infections were recorded. Data analysis was conducted using SPSS version 22. Regression analysis and Pearson's correlation were used to detect statistically significant correlations. $p<0.05$ was considered statistically significant. Ethical clearance was obtained from the Ethics Review Committee of Faculty of Medicine, University of Kelaniya (Ref No: P/121/09/2023).

RESULTS

Prevalence of gastrointestinal (GI) and respiratory tract (RT) infections were significantly higher among children who were not exclusively breastfed (Odds Ratio 4.78 (95% CI: 2.35, 9.72) ;$p <0.001$ for GI infections and an Odds Ratio 1.44 (95% CI: 0.29, 7.05) ;$p <0.002$ for RTIs). Exclusive breastfeeding did not show a statistically significant impact on the occurrence of allergies. However, an increasing trend in allergies was noted among the non-EBF group. Restriction of life activities was mostly caused by the GI infections (total of 36 days). Confounding factors showed a significant association between exposure and allergies ($p=0.04$, $t=0.46$).

CONCLUSIONS

Exclusive breastfeeding significantly reduces the prevalence of GI and RT infections, but not the prevalence of allergies. Allergies show a significant association with environmental exposures

PP 12

DIASTEMATOMYELIA CAUSING CERVICO-THORACIC SCOLIOSIS AND SYRINGOMYELIA RESULTING CERVICO- BRACHIAL PLEXOPATHY IN A 4-YEAR-OLD GIRL

KKI Sandeepani[1], **HM Waruna Heshantha**[1], **Kamal Gunarathne**[2], **D P C K Ananda Lal**[1], **Anuruddha Padeniya**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*National Hospital Colombo, Sri Lanka*

INTRODUCTION

Diastematomyelia is an embryological defect of the spinal cord in which a longitudinal split of the spinal cord divide it into two hemi cords and often associated with scoliosis, tethered cord, syringomyelia and arachnoid cysts. Clinical features arise mainly due to pressure effect on the cord including limb weakness, sensory dysfunction, bladder/bowel dysfunction and scoliosis. Syringomyelia can be caused by tethering of cord which impairs cerebrospinal fluid flow and central canal dilatation due to the pressure effect and it primarily affect the lateral spinothalamic tracts causing loss of pain and temperature. In further expansion, it affects the corticospinal tracts which are responsible for limb motor control.

CASE REPORT

A 4-year-old girl with a cervico-thoracic scoliosis for 1 year, presented with neck stiffness, and right arm radicular pain for two weeks. Patient was in agony of pain and exaggerated with cough and sneezing. In Right upper limb, power was 2/5, diminished reflexes, and sensory loss from C2–T3. MRI showed Type 1 diastematomyelia with a arachnoid cysts extending from upper cervical to thoracic spine, causing cord compression, syrinx formation, and vertebral scalloping. Due to excruciating pain, hemilaminectomy and curative excision of the arachnoid cyst was done and her neurological status improved. Follow-up neuroimaging at three months showed spinal cord re-expansion and regression of syrinx and cyst.

DISCUSSION

The natural history of patients with syringomyelia is variable with periods of stability and progression over months to year with rapid unexpected deterioration. Unexplained neck and upper limb weakness and pain which worse with Valsalva manoeuvre warrants early MRI. Treatment strategies include avoiding activities which increase venous pressure, surgical correction of the underlying pathophysiology causing syringomyelia or decompression of the cord. The duration of the sensory deficit before surgery significantly predicts the symptomatic improvement following surgery. Shorter duration of symptoms has a better outcome. Therefore, early surgical intervention is crucial to minimize the deficit.

PP 13

KNOWLEDGE, ATTITUDES, PRACTICES, AND ASSOCIATED FACTORS IN PRESCRIBING AND ADMINISTERING MEDICATION IN PAEDIATRIC EMERGENCIES AMONG DOCTORS WORKING IN LADY RIDGEWAY HOSPITAL FOR CHILDREN IN COLOMBO, SRI LANKA

Chanaka Rathnayake[1], **Kosala Karunaratne**[1], **Srilal de Silva**[2]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*
[2]*Sri Lanka College of Paediatricians, Colombo, Sri Lanka*

INTRODUCTION
Managing acute paediatric emergencies presents unique challenges due to anatomical and physiological differences, necessitating specialized training for healthcare providers to handle critical situations effectively.

OBJECTIVES
The study aimed to assess the knowledge, attitudes, practices and associated factors in prescribing and administering medication in paediatric emergencies among doctors working in Lady Ridgeway Hospital for Children (LRH), Colombo, Sri Lanka.

METHOD
The study employed a descriptive cross-sectional design and was conducted among doctors selected using the simple random sampling method at LRH, from October to November 2023. Ethical approval was obtained from the ethics review committee of LRH (ERC No LRH/DA/29/2022).

RESULTS
A total of 259 doctors participated in this study (response rate 79.7%). The majority were senior medical officers, with over half (60.2%) having more than 4 years of experience in paediatric emergencies. Among them, 43% of participants demonstrated good knowledge, 54% demonstrated moderate knowledge, and 3% demonstrated poor knowledge. The mean knowledge score was 11.6 (SD=2.1), with older doctors scoring significantly higher than younger doctors ($p=0.04$).

A majority expressed confidence in safely prescribing and calculating medication doses. However, confidence in appropriately diluting, drawing up and administering intravenous medications was lower. Doctors with ≥4 years of experience were significantly more confident in these skills ($p<0.001$).

CONCLUSIONS
A majority demonstrated good knowledge and attitudes in prescribing and administering in paediatric emergencies. Only a few were using accepted paper based books or manuals for references for medication preparation and dose calculation such as use of BNF, online resources and locally prepared unit based dosing tables.

PP 15

PARENTS' RISK PERCEPTION ON DENGUE INFECTION IN CHILDREN: A PRELIMINARY EXPLORATIVE STUDY

Guwani Liyanage[1], Kinkini Kottahachchi[2], Ashan Athapathu[3], Ridma Jayarathna[1], Nimesha Gamhewage[1], Hasini Banneheke[4]
[1]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,* [2]*University Paediatric Unit, Colombo South Teaching Hospital, Sri Lanka,* [3]*Faculty of Medicine, University of Moratuwa, Sri Lanka,* [4]*Department of Parasitology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION
The parents' risk perception and attitudes toward dengue infection and its prevention have not been explored, despite the fact that children in Sri Lanka are vulnerable to contracting the disease.

OBJECTIVES
To study the parents' perceived threat of children's risk for dengue infection, and its determinants, in a locality with the highest dengue incidence in Sri Lanka.

METHOD
This is an online survey among parents of 5 to 17-year-old school children in the Colombo district, a region with a high incidence of dengue fever. A stratified random sampling was done with randomly selected schools. Parents' perceived severity, vulnerability and barriers to dengue infection were determined with an online self-administered questionnaire (Cronbach's reliability: 0.73). Simple and multiple linear regressions were used to estimate factors associated with risk perception.

RESULTS
The mean (SD) risk perception score was 78.3% (9.8%). Mean (SD) percentage scores for perceived vulnerability, perceived severity and barriers of dengue infection were 69.7% (14.6%), 82.7% (12%), and 82.5% (12.3%) respectively. After adjusting for covariates, the following factors had a statistically significant association to risk perception: parents' educational level (B:2.11, 95% CI:0.919, 3.297, p=0.001), and dengue infection in self/friend/relative (B:1.23, 95% CI:0.275, 2.183, p=0.01).

CONCLUSIONS
Parents perceived the severity of dengue infection was high, although the perceived vulnerability was comparatively low. The risk perception of this population was significantly associated with educational level, and direct experience of dengue infection.

PP 15

A FATAL PRESENTATION: NEUROGENIC PULMONARY OEDEMA FOLLOWING CATASTROPHIC SUBARACHNOID HAEMORRHAGE COMPLICATED WITH MULTIPLE VENOUS SINUS THROMBOSIS

K K I Sandeepani[1], **D P S Govinnage**[1], **G A T Y Nanayakkara**[1], **Lakpriya Udabage**[1], **Manel Panapitiya**[1]
[1]*Paediatric Unit, Colombo North Teaching Hospital, Ragama, Sri Lanka*

INTRODUCTION

Neurogenic pulmonary oedema (NPE) is an acute accumulation of fluid within the alveoli secondary to neurogenic insult such as intracranial haemorrhages, traumatic brain injuries, epileptic seizure and encephalitis. NPE is a prevalent, yet unclear entity, leading to delayed diagnosis. This case presented with sudden onset dyspnoea, tachypnoea, tachycardia, pink froth and bilateral crackles. A meta-analysis revealed the presence of NPE with subarachnoid haemorrhages (SAH).

CASE REPORT

A 12-year-old previously healthy boy was admitted following loss of consciousness followed by sudden onset thunder clamp headache. On examination, Glasgow coma scale (GCS) score was 6/15, pupils were asymmetric with poor reactivity, blood pressure was 150/100mmHg, pulse was 60/min, he had poor respiratory effort with saturation 65% on air and bilateral basal crepitations were noted. He required immediate intubation and ventilation and assuming an intracranial pathology, neuroprotective measures were started. A significant amount of haemorrhagic pulmonary fluid was aspirated from the endotracheal tube. Chest x-ray revealed bilateral homogenous consolidative appearance which supported noncardiogenic pulmonary oedema. Blood gas revealed type 1 respiratory failure. He was given intravenous furosemide bolus followed by infusion with no marked improvement. Though it is essential, we could not perform neuroimaging as patient was not stable to mobilize. In spite of the aggressive management patient succumbed to cardiopulmonary arrest. Pathological postmortem revealed massive subarachnoid haemorrhage and multiple venous sinus thrombosis and noncardiogenic pulmonary oedema.

DISCUSSION

NPE develops within hours of neurogenic insult due to rapid elevation of intracranial pressure (ICP) leading to neuronal compression and ischaemia, followed by sympathetic nervous system activation releasing catecholamines resulting in cardiopulmonary dysfunction. Modification of the neurovegetative pathways cause sudden constriction of pulmonary venules leading to capillary and arterial hypertension causing increase capillary permeability.

Management of NPE consist of treating the causative neurological condition. In SAH, prompt craniotomy and vascular interventions are needed. Intubation plays a critical role and positive end expiratory pressure (PEEP) should be optimal to recruit alveoli as well as not to increase intrathoracic pressure which further increases ICP. NPE is life threatening especially in subarachnoid hemorrhages.

PP 16

KNOWLEDGE ABOUT THE PENTAVALENT VACCINE AMONG MOTHERS ATTENDING IMMUNIZATION CLINICS AT THE KURUNEGALA MOH AREA

K P J Perera[1], N M Herath[2], S P Edirisinghe[3], P H Lakmali[3], M M Nafris[3], P I S Rajapaksha[3], H D Rathnayake[3]
[1]*Department of Paediatrics Faculty of Medicine, Wayamba University of Sri Lanka,*
[2]*Department of Pharmacology, Faculty of Medicine, Wayamba University of Sri Lanka,*
[3]*Faculty of Medicine, Wayamba University of Sri Lanka*

INTRODUCTION
Coverage of the pentavalent vaccine is very high. The commitment of primary health care workers and enthusiasm of parents contribute significantly towards this. Good maternal understanding about the vaccination is important to sustain this trend, in order to counteract antivaccine propaganda that emerges now and then.

OBJECTIVES
To access the knowledge of mothers attending immunization clinics about the pentavalent vaccine and to correlate that with their educational level.

METHOD
A descriptive observational study was conducted over three months at immunization clinics for children aged 2, 4, and 6 months at the Kurunegala MOH office. A total of 121 mothers attending these clinics were recruited on an all-inclusive consecutive basis. A total of 121 mothers were recruited. Measures were taken to avoid the same mother being included twice. Demographic data and knowledge of mothers were recorded using an interviewer-administered questionnaire. Data were analysed using MS Excel and SPSS.

RESULTS
44% of mothers had studied up to O/L and 56% had studied beyond. All mothers knew more than one dose of the vaccine is given and which dose was to be given on the current visit. Only 32% knew the name of the vaccine to be received, and 93% knew a vaccine was due at 2, 4, and 6 months. Only 29% knew the diseases that are covered by the pentavalent vaccine. A statistically significant association was observed between knowledge of mothers on the vaccine and educational level ($p < 0.05$).

CONCLUSIONS
The knowledge of mothers attending immunization clinics about the pentavalent vaccine was poor. A statistically significant association was observed between knowledge of mothers on the vaccine and educational level.

PP 17

FROM APHTHOUS ULCERS TO CYCLIC NEUTROPENIA: DIAGNOSTIC JOURNEY IN A PAEDIATRIC PATIENT

D D C Amarasinghe[1], **Shanthini Ganesan**[1], **K A P H D Kahandawa**[1]
[1]*Colombo South Teaching Hospital, Sri Lanka*

INTRODUCTION

Oral ulcers in children are common and are often diagnosed as aphthous ulcers (canker sores), but it requires careful diagnosis to rule out serious conditions like cyclic neutropenia. Cyclic neutropenia is a rare autosomal dominant disorder with periodic drops in absolute neutrophil count, sometimes to <200/µL. During neutropenic episodes, symptoms include malaise, fever, oral and genital ulcers, gingivitis, periodontitis, pharyngitis, and lymph node enlargement. Severe infections such as pneumonia, mastoiditis, and intestinal perforation with peritonitis can occur. Therefore, careful evaluation of children with recurrent oral ulcers is needed for early diagnosis and timely management to prevent severe complications.

CASE REPORT

A 5-year-old boy, third child of non-consanguineous parents, presented with recurrent oral ulcers every 1-2 months since the age of 2 years, often with low-grade fever, mild upper respiratory symptoms, and malaise. This time, he had high-grade fever and oral ulcers.

Examination revealed three oral ulcers and enlarged cervical lymph nodes. History included sepsis treatment at age of 2 years and iron deficiency anaemia. Father had similar oral ulcers in his childhood. Recent full blood count showed low absolute neutrophil count (ANC), and several previous reports also indicated low ANC. Cyclic neutropenia was considered, and periodic ANC drops were observed in follow-up with every third day full blood count.

The child was readmitted and treated for febrile neutropenia with intravenous antibiotics. Granulocyte-stimulating factor (GSF) was not required. Bone marrow aspirate showed maturation arrest at the myelocyte stage, suggesting congenital neutropenia.

DISCUSSION

Recurrent oral ulcers always need careful evaluation. Periodic pattern of infections, positive family history, and thorough examination to differentiate oral ulcers in cyclic neutropenia from recurrent aphthous ulcers, along with prompt investigations, are crucial for early diagnosis and treatment to prevent serious complications. Early intervention with appropriate treatments (Antibiotics and GSF) and advice on neutropenia protocol along with continuous monitoring can significantly improve the patient's quality of life and reduce the risk of severe infections.

PP 18

NOVEL G6PC3 MISSENSE VARIANT OF UNCERTAIN SIGNIFICANCE IN A PATIENT WITH PHENOTYPIC FEATURES OF SEVERE CONGENITAL NEUTROPENIA TYPE 4

Deepthi Tennakoon[1], **Dula Alwis**[1], **Nimanthi Rathnayaka**[1], **Vasana Kiridana**[1], **Pathum Dissanayake**[1], **Aanjeli Wimalasiri**[1], **Thushara Priyawansha**[2]
[1]*University of Peradeniya, Sri Lanka,* [2]*Sirimavo Bandaranaike Memorial Hospital, Peradeniya, Sri Lanka*

INTRODUCTION

Severe Congenital Neutropenia Type 4 (SCN4), or Dursun syndrome, is a rare autosomal recessive disorder caused by G6PC3 deficiency. It presents with congenital neutropenia and multi-organ involvement. We report a 5-year-old boy presenting with clinical features consistent with SCN4 in whom a novel homozygous missense variant in the G6PC3 gene was identified. This variant is currently a variant of uncertain significance (VUS). This case emphasizes the importance of detailed phenotypic analysis in evaluating novel genetic variants and expands the known genotypic spectrum of SCN4

CASE REPORT

A 5-year-old boy, the third child of healthy non-consanguineous parents, presented with recurrent infections since infancy, including urinary tract, respiratory, parotid abscess and sepsis. He was born at term (3.1kg) with neonatal complications involving meconium aspiration syndrome and secondary sepsis. Moderate to severe neutropenia was identified at 2 months and has persisted since.

Immunological evaluation revealed decreased T-cell subsets (CD19, CD4, CD8) despite normal immunoglobulins. Bone marrow biopsy at 2 years revealed granulocytic hyperplasia with maturational arrest at the myelocytic stage. Extra-haematological manifestations included prognathism, flat nasal bridge, low hairline, distended superficial veins on the lower limbs, atrial septal defect, cylindrical bronchiectasis with pan-acinar emphysema, clubbing, bilateral inguinal hernia, left-sided undescended testis, small joint arthritis, failure to thrive, and chronic diarrhoea. Molecular testing identified a novel homozygous missense variant in the G6PC3 gene (c.496_497delinsAT, p.Ala166Ile). Both parents were heterozygous carriers. Treatment with Empagliflozin was initiated.

DISCUSSION

This case reports a novel G6PC3 missense variant (VOUS) in a patient with clinical and laboratory features strongly consistent with SCN4. It highlights the broad spectrum of clinical manifestations associated with G6PC3 deficiency and emphasizes the importance of considering this diagnosis in patients with congenital neutropenia and multisystem involvement. Furthermore, it suggests the potential of empagliflozin as a treatment approach in this challenging condition.

PP 20

PREVALENCE AND ASSOCIATION OF RISK FACTORS OF FUNCTIONAL CONSTIPATION AMONG STUDENTS, AWAITING GRADE 05 SCHOLARSHIP EXAMINATION IN 2024 AT TRINCOMALEE EDUCATIONAL ZONE - A SCHOOL BASED CROSS SECTIONAL STUDY

L Selvakumar[1], **S Ganesan**[1]
[1]*Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

INTRODUCTION
Prevalence of functional constipation among children is increasing, shifting the epidemic epicentre from west to east. It is diagnosed using evidence-based ROME IV criteria. Association between risk factors and constipation shows that stress modulates colonic motility through brain gut axis.

OBJECTIVES
To describe the association between various demographic variables and risk factors of functional constipation among children awaiting a competitive examination in Trincomalee educational zone.

METHOD
A cross-sectional school-based study was conducted among 440 children, who were awaiting grade 05 scholarship examination from 3 randomly selected schools, from Trincomalee district. Constipation was defined using the ROME IV criteria and association between various demographic variables and risk factors were assessed using validated parent and child administered questionnaire.

RESULTS
Eighty one children out of 440 had constipation without significant sex predilection, with a prevalence of 18.4%.There was an interesting association of increased prevalence among Muslims (26%) and Christians having the lowest prevalence (6%). Birth order of 3 or more was a significant risk factor whereas psychological risk factors like separation of parents, frequent punishment by parents and preparation for an examination were strongly associated ($p<0.005$). Reduced frequency of defaecation and large diameter stools were the common symptoms reported. Fifteen children had been previously treated for constipation, of which ten (66.7%) were still having constipation during our observation ($p<0.005$).

CONCLUSIONS
The prevalence of functional constipation among children awaiting scholarship examination in Trincomalee district was slightly high (18.4%) compared to the National prevalence of 15.4%. Exposure to stressful life events including examinations could be clearly recognized as predisposing to constipation.

PP 20

SCRUB TYPHUS PRESENTING AS EPIDIDYMO-ORCHITIS IN A CHILD: A RARE CASE REPORT

P V C C Vithanage[1], K R Lankapriya[1], L B I Priyasad[1], W A S D Wickramaarachchi[1], K M G I V Wijesinghe[1]
[1]*Paediatric Unit, Base Hospital Deniyaya*

INTRODUCTION

Typhus fever is a group of bacterial infections caused by Rickettsia Species, intracellular bacteria transmitted through vectors such as lice, fleas and mites. It is classified into three main types: endemic, epidemic and scrub typhus. Common symptoms include fever, headache and rash but atypical presentations are increasingly reported, especially in endemic regions. Scrub typhus presenting with bilateral epididymo-orchitis is exceptionally rare, with only two previously documented paediatric cases.

CASE REPORT

A five-year-old boy presented with a high spiking fever, scrotal pain and swelling for six days. He had no history of mud exposure or travel to endemic areas. Ultrasound scan (USS) confirmed epididymo-orchitis and he was treated at the surgical ward with oral co-amoxiclav for five days. However, his symptoms did not improve.

On examination, he was febrile and mildly dehydrated with scrotal redness and swelling. Meningeal signs were absent and no eschar or lymphadenopathy was detected. Investigations revealed a normal C-reactive protein, white blood cell count 7,000/mm^3 (Neutrophils 49%, Lymphocytes 40%), haemoglobin of 10.6g/dL and platelet count of 122x10^3/mm^3. Erythrocyte sedimentation rate was 40 mm/hour and blood and urine cultures were sterile. USS of abdomen, chest x-ray and standard agglutination test were normal. Rickettsial antibody test showed Proteus OX19 and OX2 titres of 1/320.

The child was successfully treated with oral Azithromycin for five days, achieving complete recovery.

DISCUSSION

Although rare, epididymo-orchitis can be a manifestation of scrub typhus. Early diagnosis and prompt antibiotic therapy are crucial in preventing complications.

PP 21

CLINICAL AND ELECTRO ENCEPHALOGRAPHIC IMPROVEMENT IN A PATIENT WITH SUBACUTE SCLEROSING PAN-ENCEPHALITIS (SSPE) TREATED WITH ISOPRINOSINE

Pyara Ratnayake[1], **Jeffrey Gerard Lappen**[1], **Harsha Munasinghe**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

SSPE is a detrimental neurodegenerative disease arising from past defective measles infection. There is no cure up to now according to the literature. We report a 10-year-old boy who showed significant clinical improvement with near normal capacity to perform activities of daily living from bed ridden state and electroencephalogram (EEG) improvement in response to Isoprinosine therapy.

CASE REPORT

A previously otherwise well, 10-year-old boy from Eastern province of Sri Lanka, presented with a history of paroxysmal abnormal movements, cognitive regression and impaired fluency of speech for 1 month duration. He had a history of clinically diagnosed measles virus infection at 6 months of age. SSPE was diagnosed in this boy as per Dyken's criteria. Serologically, the anti-measles IgG antibody titres in cerebrospinal fluid (CSF) were >5000 IU/L and in serum >5000 IU/L and CSF IgM was positive. EEG showed periodic bursts of high amplitude slow activity which show mirror image pattern. Initial treatment with Rivabarin did not bring about any improvement but treatment with Isoprinosine for 1 year showed significant clinical and EEG recovery.

DISCUSSION

This case report highlights the clinical recovery of a child who was treated with Isoprinosine for SSPE for which the current literature does not recommend a definitive curative treatment modality. This will enable the policy makers to consider making this medication available for treatment purpose.

PP 22

SIDE EFFECTS FOLLOWING PENTAVALENT VACCINE AMONG CHILDREN ATTENDING IMMUNIZATION CLINICS AT THE KURUNEGALA MOH OFFICE

K P J Perera[1], N M Herath[2], S P Edirisinghe[3], P H Lakmali[3], M M Nafris[3], P I S Rajapaksha[3], H D Rathnayake[3]
[1]*Department of Paediatrics Faculty of Medicine, Wayamba University of Sri Lanka,*
[2]*Department of Pharmacology, Faculty of Medicine, Wayamba University of Sri Lanka,*
[3]*Faculty of Medicine, Wayamba University of Sri Lanka*

INTRODUCTION
Administering the pentavalent vaccine is a major public health intervention, reducing child morbidity and mortality. However, as it contains killed whole cell pertussis vaccine side effects are relatively high. It is important to monitor the side effects in order to establish the exact picture. Though vaccine associated reactions should be reported by attending doctors, under reporting is common, especially for minor reactions

OBJECTIVES
To describe the incidence and types of side effects encountered following pentavalent vaccination.

METHOD
An observational study was conducted over three months at immunization clinics for children aged 2, 4, and 6 months at the Kurunegala MOH office. A total of 121 babies who received the pentavalent vaccine were recruited on an all-inclusive consecutive basis. These babies were followed up through telephone calls at 24 hours, 48 hours and one week. Data were analysed using MS Excel and SPSS.

RESULTS
Out of the 121 babies 23, 50 and 48, had 1st, 2nd and 3rd doses respectively. Fever was the main adverse effect with 72.7% reporting fever, which was 78%, 68%, 75%, for the 1st, 2nd and 3rd doses respectively; 95.5% who had fever developed it within 24 hours of vaccination. Other main side effects reported include redness at vaccination site (8.2%), swelling (6.6%), irritability (8.2%) and refusal of feeds (5%). No seizures or anaphylaxis were reported

CONCLUSIONS
Fever was the main adverse effect following pentavalent vaccination, with 72.7% reporting fever. Other side effects reported were redness at vaccination site (8.2%), swelling (6.6%), irritability (8.2%) and refusal of feeds (5%).

PP 23

ORAL MITE ALLERGY (PANCAKE SYNDROME) MIMICKING WHEAT ALLERGY: A CASE REPORT

Tharindi Suriapperuma[1], **Kasun Jayasundara**[2], **Nadisha Badanasinghe**[3]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [2]*Base Hospital, Thambuttegama, Sri Lanka,* [3]*Department of Microbiology, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

An allergic reaction that occurs after consuming wheat flour infested with mites is known as an oral mite allergy. Pancake syndrome is another term used to describe this condition that is frequently linked to pancakes in European countries. It is prevalent in tropical/subtropical regions.

CASE REPORT

A 5-year-old boy, previously healthy, appeared with urticaria and angioedema 30 minutes after eating a roti comprising wheat with lunumiris. He used to eat wheat without any problems. Even after this incident, he has continued to eat foods made from wheat and lunumiris. He has features of allergic rhinitis. He has a history of beef allergy and has experienced anaphylaxis twice after consuming beef. His results of the skin prick test (SPT) were negative for wheat and positive for commercial extracts of beef (5 mm), pork (4 mm), storage mites (*Acarus siro*, 4 mm), and house dust mites (HDM) (5 mm).

Atopy history, positive SPT or IgE to storage mite, SPT negative for commercial wheat extract, tolerance to foods made with uncontaminated wheat flour, non-steroid anti-inflammatory drug (NSAID) hypersensitivity, and the occurrence of allergic symptoms following the consumption of flour contaminated with storage mites can be used to diagnose oral mite allergy (pancake syndrome). The mite may be identified by examining the contaminated flour under the microscope.

DISCUSSION

This condition is believed to be triggered by heat-resistant allergens present in contaminated flour with storage mites. People who are sensitized to HDM may have systemic reactions when they are exposed to storage mites orally, which could be explained by the allergenic cross-reactivity between HDM and storage mite species. Pancake syndrome should be considered in children who experience a severe allergic reaction without a clear source.

PP 24

CASE SERIES OF ALPHA-GAL SYNDROME OR TICK BITE MEAT ALLERGY

Tharindi Suriapperuma[1], Kasun Jayasundara[2], Charith Udagedara[3], Nadisha Badanasinghe[4]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [2]*Base Hospital, Thambuttegama, Sri Lanka,* [3]*Base Hospital, Kanthale, Sri Lanka,* [4]*Department of Microbiology, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

The alpha-gal syndrome (AGS) causes immediate hypersensitivity to drugs containing alpha-gal and a delayed hypersensitivity to red meat (meat from non-primate mammals). Following a tick bite, galactose-α-1,3-galactose (alpha gal) in tick saliva inoculates and sensitizes the individual to produce specific IgE. Ingesting red meat can trigger an IgE-mediated reaction. They could also react to dairy, gelatin, and products derived from mammals as they contain alpha gal.

CASE REPORTS

A 13-year-old girl developed anaphylaxis 4 hours following ingestion of pork. She has eaten pork several times with no concerns. Skin prick test (SPT) was positive for raw pork (5 mm), raw beef (5 mm), and gelatin (6 mm) and negative for commercial extracts of pork and beef. Specific Ig-E for alpha-gal was 0.42 IU/mL, which was positive.

A 5-year-old boy developed anaphylaxis following ingestion of pork. He has eaten pork on several occasions. He has received the MMR vaccine without concerns. Skin prick test was positive for raw pork (8 mm), commercial pork extract (4 mm), raw beef (6 mm), gelatin (5 mm).

An 8-year-old girl developed anaphylaxis following a yoghurt. She is known to get urticaria following dairy from the age of 5 years, however she did not react on all exposures. She was on dairy till the age of 2 years with no concerns. She reacted to red meat at the age of 4 years and not given thereafter. SPT was positive for milk, yoghurt, gelatin, raw beef.

DISCUSSION

The peculiar features include delayed symptoms, the fact that the allergy does not manifest after every ingestion, the possibility that it may manifest for previously tolerated foods, and the symptoms do not last a lifetime. Another well-known characteristic is that SPT for raw meat is noticeably higher than that of commercial extract. A history of delayed allergy reactions plus IgE to alpha-gal >0.1 IU/mL can be used to diagnose AGS. The cornerstones of AGS management are avoiding allergens and taking rescue medications.

PP 26

PARACETAMOL AND NON-STEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) ALLERGY – WHAT ALTERNATIVES ARE AVAILABLE? – INSIGHTS FROM A CASE REPORT

Tharindi Suriapperuma[1,2]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka,*
[2]*Colombo North Teaching Hospital, Ragama, Sri Lanka*

INTRODUCTION

Paracetamol is a weak cyclooxygenase-1 (COX-1) inhibitor. Most paracetamol reactions occur in conjunction with non-steroidal anti-inflammatory drugs (NSAIDs) intolerance and related to the pharmacological action of COX-1 inhibition. Cyclooxygenase inhibition blocks the conversion of arachidonic acid to prostaglandins and thromboxane, resulting in an anti-inflammatory effect. The arachidonic acid alternatively converted into cysteinyl leukotrienes. These leukotrienes cause angioedema, urticaria, and bronchospasm

CASE REPORT

A 12-year-old boy was referred due to urticaria and angioedema following paracetamol and ibuprofen. He was a diagnosed patient with asthma and allergic rhinitis. He tolerated paracetamol when he was young. Later he developed urticaria and angioedema for paracetamol as well as ibuprofen. There were no episodes of anaphylaxis. He was not offered any antipyretic when he was down with fever as he showed an allergy to paracetamol and NSAIDs. He has been challenged with celecoxib according to the protocol, which he tolerated. Currently he tolerates celecoxib when he has a fever for symptomatic control.

DISCUSSION

NSAID hypersensitivity is classified into 5 distinct phenotypes: NSAID-exacerbated respiratory disease, NSAID-exacerbated urticaria/angioedema in patients with chronic idiopathic urticaria (CIU), NSAID-exacerbated urticaria/angioedema in patients without CIU, urticaria/angioedema or anaphylaxis induced by a single NSAID, or delayed hypersensitivity reactions. Paracetamol hypersensitivity can be classified into immediate selective paracetamol allergy, delayed paracetamol allergy or cyclooxygenase hypersensitivity. The index patient showed similar symptoms soon after paracetamol as well as ibuprofen suggestive of cyclooxygenase hypersensitivity. Those who react to both paracetamol and non-selective COX inhibitors, all COX-1 inhibitors should be avoided. In these patients, highly selective COX-2 inhibitors, such as celecoxib can be challenged. If the patient tolerates selective COX-2 inhibitors, they can be used as an alternative for symptom relief.

PP 27

A PAEDIATRIC PATIENT WITH GLICLAZIDE OVERDOSE WHO PRESENTED WITH REFRACTORY HYPOGLYCAEMIA AND ACUTE KIDNEY INJURY.

Mohamed Nizar Nikhath Sherin[1], **Thenahandi Udaya Nandimittra de Silva**[1]
[1]*Paediatric Ward 24, Teaching Hospital Anuradhapura, Sri Lanka*

INTRODUCTION

Gliclazide, a second-generation sulfonylurea, is widely used in the management of type 2 diabetes but carries a significant risk of hypoglycaemia and acute kidney injury (AKI), particularly in overdose scenarios. While multiple cases of refractory hypoglycaemia due to gliclazide poisoning have been reported, AKI remains a rare complication, especially in paediatric patients. Here, we report a case of a child who developed both refractory hypoglycaemia and AKI following gliclazide ingestion.

CASE REPORT

A 13-year-old, previously healthy child ingested an unknown quantity of gliclazide in an act of deliberate self-harm; 36 hours post-ingestion, the child became unresponsive, with increased limb tonicity and drooling. Capillary blood glucose was critically low at 20 mg/dL. After administration of an intravenous (IV) bolus of 10% dextrose, followed by a continuous dextrose infusion, the child regained partial responsiveness. However, hypoglycaemia remained refractory and ultimately responded to IV octreotide therapy.

The child developed acute kidney injury (AKI), with serum creatinine rising to 220 mg/dL, although urine output remained within the normal range. AKI was managed by avoiding fluid overload and closely monitoring renal function.

He was referred to the psychiatry unit for preventive management of deliberate self-harm. Both hypoglycaemia and AKI resolved within 72 hours.

DISCUSSION

This case underscores the importance of early recognition and prompt intervention in sulfonylurea overdose, particularly with agents like gliclazide, where both hypoglycaemia and acute kidney injury (AKI) can occur. While refractory hypoglycaemia is a well-known complication, this case highlights the need for vigilant renal monitoring, as AKI may develop even in the absence of overt nephrotoxic risk factors. Careful fluid management and close surveillance of renal function were critical in preventing further complications. Additionally, psychiatric evaluation and intervention remain essential in paediatric overdose cases to address underlying mental health concerns and prevent recurrence. Long-term follow-up, including renal function assessment and mental health support, is crucial for ensuring optimal recovery and well-being.

PP 28

UNUSUAL CASE OF LEPTOSPIROSIS AND DENGUE CO-INFECTION IN A CHILD IN AN ENDEMIC AREA: DIAGNOSTIC AND THERAPEUTIC CHALLENGES

K K I Sandeepani[1], **Chaminda Liyanage**[1], **Roshan Senaratne**[1]
[1]*Paediatric Unit, Teaching Hospital Badulla, Sri Lanka*

INTRODUCTION

Leptospirosis and Dengue are endemic in subtropical and tropical countries. Both diseases reach peek during monsoon and share similar clinical manifestations which make differentiation difficult. Early diagnosis is important as leptospirosis needs early correct antibiotics to prevent multiorgan failure while dengue needs judicious fluid management. The co-infection of leptospirosis and dengue has not been much reported in the paediatric population and this can be a rare presentation

CASE REPORT

A 13-year-old boy was admitted with fever for 5 days, myalgia, headache and was rational, tachycardic, normotensive and had no evidence of clinical or sonographic evidence of leaking. Initial investigations showed thrombocytopenia (78,000/mm^3), neutrophil leucocytosis (15,000/mm^3, neutrophil 90%), AST 330U/L, ALT 280U/L and normal renal functions. Dengue IgM and IgG were positive indicating recent dengue infection and he was managed as dengue fever.

In spite of management, high fever was persistent up to day 7, myalgia worsened, developed icterus, dark urine, respiratory distress and hepatic tenderness. He developed septic shock with type 1 respiratory failure. Lowest platelet count noted was 43,000/mm^3. WBC was 23,000/mm^3, ALT 1400U/L, AST 1330U/L and CPK 2300. CXR showed pulmonary haemorrhages. Serum total and conjugated bilirubin were high. At this point he revealed mud contact history. Assuming leptospirosis, he was started on intravenous antibiotics, high flow oxygen, inotropes, liver failure regime and immunoglobulin. He recovered rapidly without plasma exchange or mechanical ventilation. He completely recovered clinically and biochemically within two weeks. Microscopic agglutination test for leptospirosis revealed severe infection with titre >1:1600.

DISCUSSION

In areas where leptospirosis and dengue are endemic, both should be included in differentials and in case of unresolving acute infection, co-infection should be considered as leptospirosis is always treatable with early antibiotic therapy. In our case, we could prevent multiorgan failure where fluid therapy is challenging with the background of dengue.

PP 29

HAEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS SECONDARY TO TYPHOID FEVER: A CASE REPORT

B R R N Gunaratne[1], **J A P M Jayasinghe**[1], **K W Karunaratne**[1]
[1]*Lady Ridgeway Hospital for Children, Sri Lanka*

INTRODUCTION

Haemophagocytic lymphohistiocytosis (HLH) is a rare and life-threatening syndrome characterized by excessive immune activation, often triggered by infections. While it is most commonly associated with viral infections, bacterial pathogens, including *Salmonella typhi*, can also induce HLH. Here we present a case of HLH secondary to *Salmonella typhi* infection in a 5year old girl, which was identified during a typhoid outbreak in Kalutara, Sri Lanka.

CASE REPORT

A 5-year-old girl presented with a 10-day history of fever, abdominal pain, and diarrhoea, along with mild cough and cold. On examination, she appeared ill, exhibiting mild lymphadenopathy and distended soft abdomen, with mild splenomegaly but no hepatomegaly. All other system examinations were normal.

Laboratory tests showed a white blood cell count of 6.6 x 10^9/L, haemoglobin of 9.7g/L, platelet count of 136 x 10^9/L, and high triglycerides of 3.06mmol/L. Serum ferritin was elevated at 2144 ng/mL, a key marker in HLH. Blood cultures were positive for *Salmonella typhi* after 18 hours of incubation. A bone marrow biopsy confirmed haemophagocytic activity, confirming the diagnosis of HLH, with the H score indicating a 93% probability of HLH. Soluble CD 25 and natural killer cell activity were not done due to unavailability of facilities.

She was promptly treated with ceftriaxone for *Salmonella typhi* and intravenous steroids to manage HLH. She responded well with complete recovery

DISCUSSION

This case underscores the importance of considering HLH in patients with prolonged fever and systemic inflammation, particularly when *Salmonella typhi* is identified. Early diagnosis and appropriate treatment are critical for achieving favorable outcomes.

PP 30

JOURNEY THROUGH THE HOME-BASED MILK LADDER IN IGE-MEDIATED COW'S MILK PROTEIN ALLERGY: INSIGHTS FROM A CASE REPORT

Tharindi Suriapperuma[1,2]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka,*
[2]*Colombo North Teaching Hospital, Ragama, Sri Lanka*

INTRODUCTION

The "milk ladder" approach is a key advancement that advocates for the gradual reintroduction of dairy, starting with baked milk products and progressing towards less processed forms in children with cow's milk protein allergy (CMPA). It represents a significant shift towards fostering dietary tolerance and normalization, offering hope to enjoy diversity in diets for affected children. The management includes initial avoidance of dairy and cautious, gradual reintroducing since the age of one year in children with mild to moderate CMPA without a history of severe reactions or anaphylaxis.

CASE REPORT

A 15-month-old baby boy was referred with urticaria and angioedema 30 minutes after a formula feed around the age of 7 months. He had a similar episode at the age of 10 months for yoghurt. There were no episodes of anaphylaxis. After the age of 10 months, he was not given dairy and no allergic episodes.

The skin prick testing confirmed IgE-mediated milk allergy (fresh milk 6 mm and yoghurt 7 mm). He does not suffer from eczema. Despite the milk allergy, tolerance was established for various other allergenic foods without allergic manifestations.

He was introduced homemade biscuits at 15 months, then muffins, and is currently eating pancakes, including milk, which is stage 3 in the milk ladder. The quantity of the food and the amount of milk increased gradually. Following this comprehensive regimen, there is a successful increase in tolerance to dairy-containing foods.

DISCUSSION

The milk ladder represents a pivotal strategy in CMPA management, facilitating dairy reintroduction from home after a risk assessment of children. This case underscores the necessity for parental education and healthcare provider support throughout the process. The milk ladder actively contributes to immunomodulation and tolerance development in children with CMPA either Ig E or Non-Ig E mediated.

PP 31

DISSEMINATED TUBERCULOSIS MIMICKING ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) -ASSOCIATED SYSTEMIC VASCULITIS

Piumi Madawala[1], **Anura Jayawardena**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitides are a heterogeneous group of rare autoimmune conditions that cause inflammation of blood vessels with various manifestations. ANCA is responsible for inflammation in ANCA-associated vasculitis (AAV). While ANCA positivity is common in tuberculosis (TB), it does not automatically indicate vasculitis, and a thorough evaluation is crucial for accurate diagnosis and appropriate treatment. Here, we report a 1-year-old Sri Lankan girl presenting with persistent ANCA positivity due to disseminated TB mimicking ANCA - associated systemic vasculitis.

CASE REPORT

A 1-year-old, previously healthy girl was transferred from a local hospital for further evaluation of pyrexia of unknown origin for 1 month. She had self-resolved upper respiratory tract infection prior to the onset of fever. There was no contact history of chronic cough or TB. Her growth parameters were normal. History and examination did not reveal any symptomatic focus for the fever. There were no new onset symptoms or signs during the course of the illness.

Lumbar punctures on days 14 and 28 showed significant pleocytosis with marginally elevated proteins. On day 14, cerebrospinal fluid (CSF) showed proteins-38, polymorphs-640, lymphocytes-5, RBC-165. On day 28, CSF showed proteins-42.5, polymorphs-50, lymphocytes- 225, RBC-60. CSF bacterial, fungal and TB cultures were negative, CSF TB gene Xpert was negative (twice), gastric lavage TB gene Xpert and TB culture were negative. C-reactive protein was negative; erythrocyte sedimentation rate was 43mm/hour**,** ANA was positive (>1:80), pANCA and cANCA were positive, Rickettsial antibodies were positive >1:128 (2+), bone marrow aspiration and trephine biopsy were normal. Cotrast enhanced computed tomography of chest and abdomen were normal, Magnetic resonance imaging of brain/MRA/MRV were normal.

The child was managed with a prolonged course of intravenous meropenem and vancomycin for 14 days, oral clarithromycin for 14 days and oral doxycycline for 1 week. Fever subsided on day 42 of illness and child was discharged with a plan to follow up. Tentative diagnosis was made as systemic vasculitis secondary to rickettsial infection. After 1 month of discharge, her bone marrow culture became positive for tuberculosis. She had persistently positive ANA, pANCA and cANCA. Child was given anti TB treatment for 12 months. After 6 month of anti TB treatment, her ANA, pANCA and cANCA became negative.

DISCUSSION

Disseminated TB and AAV can present with overlapping features, making diagnosis challenging. There are case reports of patients with TB being misdiagnosed as having AAV, and vice versa, emphasizing the need for a high index of suspicion and careful evaluation because ANCA antibodies can be detected in a significant proportion of patients with TB.

PP 32

ALTERNATING HEMIPLEGIA OF CHILDHOOD: A SERIES OF THREE CASES FROM SRI LANKA WITH DIFFERENT OUTCOMES

KKI Sandeepani[1], **Kasun Ariyarathne**[1], **Anuruddha Padeniya**[1]
[1]*Paediatric Neurology Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Alternating hemiplegia of childhood (AHC) is a rare 1:1,000,000 neurodevelopmental disorder with mutation on ATP1A3 gene. The diagnostic criteria are onset before 18 months of age, recurrence of hemiplegia and quadriplegia, recovers in sleep and reappear upon awakening, additional paroxysms; dystonia, nystagmus, autonomic disturbances and developmental delay, cognitive impairment, choreoathetosis, ataxia and exclude differentials.

CASE REPORT

Case 1: A girl now 10 years, presented at 2 years-of-age with right hemiplegia, recovered completely in 2 days. Subsequently, reported similar episodes of transient alternating hemiplegia and quadriparesis with complete recovery. Paralysis disappeared with sleep and variable reappearance shown around 30 minutes of awakening. One seizure occurred. Movement disorders, nystagmus, autonomic symptoms were absent. During episodes limb flaccidity and hyporeflexia noted. EEG and neuroimaging were normal. Flunarizine reduced frequency of events, but still flunarizine-dependent. Currently she has mild-cognitive impairment but without motor weakness.

Case 2: A 5-year-old boy presented when 3 years with right hemiplegia, mouth deviation and autonomic manifestations for 4 days. Movement disorders or seizures were absent. Flaccidity and hyporeflexia noted in lower-limbs. No recurrence occurred after starting flunarizine. Currently, he is developmentally and neurologically normal.

Case 3: An 11-year-old boy presented at one year with left hemiplegia, recovered in 5 days. Frequent recurrence of alternating transient hemiplegia, quadriparesis occurred. Seizures, nystagmus, dystonia, ataxia, global developmental delay, cognitive impairment and choreoathetoid movements were noted. Autonomic symptoms were absent. EEG, neuroimaging, metabolic screen were normal. Flunarizine reduced symptom frequency and intensity.

DISCUSSION

AHC shows similarities with vascular disorders and metabolic disorders. EEG may have generalized slowing and 80% have normal neuroimaging. Confirmation needs whole exome sequencing. Flunarizine reduce frequency and intensity in 50%. Acetazolamide is used in refractory AHC due to similarities with familial hemiplegic migraine.

PP 33

PREVALENCE OF POST-TRANSPLANT ANAEMIA AND MODIFIABLE RISK FACTORS OF IRON DEFICIENCY AMONG CHILD AND ADOLESCENT RENAL TRANSPLANT RECIPIENTS – EXPERIENCE FROM A SINGLE CENTRE

A Y Wimalasiri[1], **J Abiramie**[1], **A S Abeyagunawardena**[1], **R S Thalgahagoda**[1]
[1]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION
Renal transplantation improves growth, development, and quality of life in children with end-stage renal disease (ESRD). However, post-transplantation anaemia (PTA) remains a common, yet often overlooked complication, with a prevalence of 22–85%. Despite improved erythropoiesis, disturbances in iron metabolism contribute to iron deficiency (ID) and iron deficiency anaemia (IDA).

OBJECTIVES
To assess the prevalence of post-transplant anaemia and modifiable risk factors of ID and IDA among paediatric renal transplant recipients at Teaching Hospital (TH) Peradeniya, Sri Lanka.

METHOD
A descriptive cross-sectional study was conducted among all renal transplant recipients under 18 years at the renal transplant clinic in TH Peradeniya from January to March 2025. Eligible patients were at least six months post-transplant. Data collection included medical records, an investigator administered questionnaire and blood investigations. Ethical clearance was obtained from the ERC, University of Peradeniya – 2024/EC/28

RESULTS
Among 40 patients (6–18 years), 33 (82.5%) were aged 13–18. Males comprised 29 (72.5%). The mean post-transplant duration was 4.8 years. Renal dysplasia was the most common cause of ESRD (30%). Pre-transplant anaemia was present in 35 (87.5%), reducing to 24 (60%) posttransplant ($p<0.01$). The mean haemoglobin increase post-transplant was 1.515g/dL (95% CI: 0.87–2.16). Oral iron and erythropoietin were given to 33 (82.5%) anaemic patients, pre-transplant. Post-transplant only 9 (37.5%) anaemic patients received iron. There were 7 (17.5%) patients with low mean corpuscular volume and high red-cell distribution width. The ferritin level was low in 1 (2.5%) patient, with low serum iron in 4 (10%) and low transferrin saturation in 4 (10%). Total iron binding capacity (TIBC) was not high in any of the subjects. There was no association between anaemia status and iron studies nor red cell indices. However, there was a negative correlation between current haemoglobin level and current chronic kidney disease (CKD) stage ($p=0.002$) and a statistically significant association between PTA and current CKD stage ($p=0.018$).

CONCLUSIONS
PTA prevalence was 60%, with a significant haemoglobin increase post-transplant. However, iron deficiency was not identified as a contributor to anaemia in this cohort.

PP 34

INTERESTING OBSERVATIONS DURING FAMILY SCREENING OF THALASSAEMIA CHILDREN

K P J Perera[1], H M N M Herath[2], H S P Samarasingha[3], W C M Bandara[3], H M C P Menike[3], T N Manawadu[3], W U G T P M Wicramanayake[3]
[1]*Department of Paediatrics, Faculty of Medicine, Wayamba University of Sri Lanka,*
[2]*Department of Pharmacology, Faculty of Medicine, Wayamba University of Sri Lanka,*
[3]*Faculty of Medicine, Wayamba University of Sri Lanka*

INTRODUCTION
As thalassaemia is autosomal recessively inherited, screening of parents and siblings is important. Population screening for carrier state is the ideal method to curb the incidence of thalassaemia. Being an autosomal recessive condition, when both parents are carriers, among offspring the occurrence of affected, carriers and normal should be in 1:2:1 ratio. However clinically, we find disproportionately higher incidence of carriers and patients among thalassaemia families. As described with certain genes, has the thalassaemic gene an increased chance of appearing in the next generation?

OBJECTIVES
To describe the pattern of family screening of thalassaemia patients and assess the thalassaemia status among siblings of index cases of thalassaemia.

METHOD
A descriptive cross-sectional study was conducted at the Thalassaemia Unit of Teaching Hospital Kurunegala. Families of 107 thalassaemic children were included in this study. Family screening status and thalassaemia status among siblings of thalassaemic children was assessed.

RESULTS
Out of 107 couples, all mothers and 103 (96%) fathers had undergone HPLC to detect thalassaemia status. Majority of mothers (101) and fathers (100), had thalassaemia status detected only after having an affected child. Out of mothers, 103 (96%) were carriers and out of fathers, 101 (98%) were carriers. From 34 couples who opted for further offspring, there were 49 children, of whom 20 (42.6%) were affected, 14 (29.8%) had the trait and 13 (27.7%) were normal.

CONCLUSIONS
Nearly all parents of thalassaemia patients did not know their carrier status before marriage. Considering the autosomal recessive inheritance in thalassaemia, both parents should be carriers, but in about 3% cases one of the parents was not a carrier, indicating possible *de novo* mutation. Instead of 1:2:1, affected: carrier: normal ratio, among siblings born after the index case, the ratio was 1.5:1:1. This could be due to thalassaemia gene having higher chance of appearing in the next generation through 'transmission distortion'.

PP 35

FERTILITY WISHES AND CONTRACEPTIVE USAGE AMONG COUPLES HAVING A THALASSAEMIC CHILD

K P J Perera[1], H M N M Herath[2], H S P Samarasingha[3], W C M Bandara[3], H M C P Menike[3], T N Manawadu[3], W U G T P M Wicramanayake[3]
[1]*Department of Paediatrics, Faculty of Medicine, Wayamba University of Sri Lanka,*
[2]*Department of Pharmacology, Faculty of Medicine, Wayamba University of Sri Lanka,*
[3]*Faculty of Medicine, Wayamba University of Sri Lanka*

INTRODUCTION
Thalassaemia is an autosomal recessively inherited condition, where both parents need to be carriers of the abnormal gene, apart from rare new mutations. As there is a one in four risk of having a thalassaemic child in subsequent pregnancies, most couples avoid having further children, but not always. When a couple has decided against future pregnancies, it is important to follow a reliable contraceptive method to avoid it.

OBJECTIVES.
To describe fertility wishes of couples having a thalassaemic child and to identify the contraceptive methods they use.

METHOD
A descriptive cross-sectional study was conducted at the Thalassaemia Unit of Teaching Hospital (TH) Kurunegala. Families of 107 thalassaemic children were included in this study. The parents were asked about their future fertility wishes and practice of contraceptives. Ethical clearance was obtained from the ERC, TH Kurunegala.

RESULTS
Out of 107 couples, 83 (77.6%) did not have further fertility wishes, due to fear of another child affected with thalassaemia. Out of 24 couples who were expecting a future pregnancy, 16 (66.6%) were ready to accept the one in four risk of having an affected child, 5 (20.9%) wanted a normal sibling for a bone marrow biopsy and 3 (12.5%) did not believe the genetic risk. Out of 83 couples who had no fertility wishes, apart from one, all were using a contraceptive method; of this, 76 females were using contraceptives, which included Jadel (21), Injectables (19), OCP (17), IUCD (13), LRT (5), female condom (1). Rest of the couples (7) used coitus interruptus, Callender method or male condoms.

CONCLUSIONS
Significant number of couples were ready go ahead with another pregnancy, despite been informed about the risk of thalassaemia in future offspring. Out of couples not having fertility wishes vast majority were using a reliable contraceptive method, though a few relied on less efficient methods.

PP 36

NUTRITIONAL STATUS AND ITS CORRELATIONS WITH DISORDERED EATING BEHAVIOURS, PERCEIVED STRESS AND QUALITY OF LIFE AMONG ADOLESCENT SCHOOL CHILDREN IN MATARA EDUCATIONAL DIVISION: A PRELIMINARY STUDY

P A R I Kulathunga[1,2], **P V De Silva**[1], **C J Wijesinghe**[1,2]
[1]*Department of Community Medicine, Faculty of Medicine, University of Ruhuna, Sri Lanka.* [2]*Centre for Public Health Nutrition Education & Research, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION
Optimum nutrition during adolescence is vital for growth. Nutritional status during adolescence can be correlated with different psychosocial factors.

OBJECTIVES
This study aimed to assess the nutritional status and its correlations with disordered eating behaviours, perceived stress level and quality of life among adolescent school children in Matara Educational Division in Matara district, Sri Lanka.

METHOD
A descriptive, cross-sectional study was conducted among a random sample of 168 adolescents aged 16-19 years attending schools in Matara Educational Division. Ethical approval for the study was obtained from Ethics Review Committee, Faculty of Medicine, University of Ruhuna (Reference No 2023/P/053) prior to data collection. Nutritional status of the adolescents was assessed using Body Mass Index (BMI). Disordered eating behaviours were assessed using self-administered Sinhala version of Eating Disorders Examination Questionnaire 6.0 (EDEQ 6.0). Perceived stress level was assessed using validated Sinhala version of Perceived Stress Scale (PSS) and quality of life was assessed using validated Sinhala version of World Health Organization Quality of Life Brief Questionnaire (WHO QOL BREF) as self-administered questionnaires. Students were given scores for each questionnaire. Data were analysed using SPSS software, version 25. Pearson correlation coefficient was used to assess the correlations.

RESULTS
BMI of the majority (64.9%) was normal, 14.3% were thin, 9.5% were severely thin, 9.5% were overweight and 1.8% were obese. BMI of the adolescents showed significant moderate correlations with disordered eating behaviour score ($r=0.459$, $p=0.000$). BMI did not show significant correlations with perceived stress total score ($r=-0.077$, $p=0.322$) or overall quality of life score ($r=-0.139$, $p=0.072$).

CONCLUSIONS
Disordered eating behaviours significantly correlated with the nutritional status of adolescents in the Matara Educational Division.

PP 37

ANTERIOR ABDOMINAL MUSCLE MYOCLONUS IN A GIRL PRESENTING WITH PERSISTENT HICCUPS: A RARE CASE REPORT

S G A D Tharanga[1], **W G U M Weliwita**[1], **W A C Madushani**[1], **A P D Fernando**[1]
[1]*District General Hospital, Ampara, Sri Lanka*

INTRODUCTION

Myoclonus is sudden, brief, and involuntary muscle contractions. Abdominal muscle myoclonus is a rare phenomenon and can sometimes mimic hiccups in certain individuals. Herein, we report a child who presented with persistent hiccups and was diagnosed to have anterior abdominal muscle myoclonus.

CASE REPORT

A 9-year-old girl, previously healthy and developmentally normal, born to non-consanguineous parents with no significant past medical history, presented with persistent hiccups lasting for two weeks. She had no associated symptoms such as fever, swallowing difficulties, vomiting, or abdominal pain. Neurological examination was normal, and the rest of the physical examination findings were also unremarkable.

Biochemical investigations were within normal limits. Imaging studies, including chest, cervical, and thoracic spine x-rays, abdominal x-rays, ultrasound scans of the abdomen and chest, an upper GI contrast study, and a non-contrast computed tomography (NCCT) of the brain, were all normal. However, an electromyography (EMG) study revealed typical anterior abdominal muscle myoclonus. Magnetic resonance imaging of the spine has been planned to investigate possible underlying aetiologies. Till then, a regular dose of clonazepam was started, with the total disappearance of symptoms.

DISCUSSION

Anterior abdominal muscle myoclonus is an extremely rare condition, and its presentation as persistent hiccups is even rarer. While a variety of conditions can cause persistent hiccups, it is important to consider abdominal myoclonus, especially when routine investigations are unremarkable. EMG is a valuable diagnostic tool in such cases. However, further evaluation should include assessing for primary abnormalities in the spinal cord. Symptomatic relief can often be achieved with benzodiazepines such as diazepam and clonazepam while the underlying pathology is being investigated.

PP 38

CYSTINOSIS IN A SIXTEEN-MONTH-OLD CHILD: A RARE CASE REPORT

S G A D Tharanga[1], W G U M Weliwita[1], L Y S Laksitha[1], A P D Fernando[1], S B N T L Wijeratna[1]
[1]District General Hospital, Ampara, Sri Lanka

INTRODUCTION

Cystinosis is a rare, multisystem genetic disorder characterised by the accumulation of cystine, an amino acid in different tissues and organs, which leads to tissue and organ damage in various degrees. Herein, we present a 16-month-old child diagnosed with Cystinosis.

CASE REPORT

A 16-month-old boy with mild developmental delay, who is the 2nd child of healthy 2nd-degree consanguineous parents, presented with intermittent vomiting for a few weeks. The child's past medical history and the rest of the history were unremarkable. He did not have any family history of metabolic or renal disease.

On examination, child had failure to thrive with his weight for age below the 3rd percentile. He did not have any pallor or other micronutrition deficiencies, and all other system examinations were normal.

His full blood count, serum ferritin, liver function tests and renal function tests were normal. Serum electrolytes showed hyponatraemia and hypokalaemia, Venous blood gases showed metabolic acidosis with a normal anion gap, and urine dipstick showed proteinuria and glycosuria. He also underwent an ultrasound scan of abdomen, which was also normal. He was subsequently assessed by the ophthalmologist and found to have corneal crystals in both eyes; he later underwent genetic testing, which demonstrated white cell cysteine. The child was started on Cysteamine therapy and other supportive therapy, and a follow-up was arranged for possible complications.

DISCUSSION

Cystinosis is mainly diagnosed based on clinical evaluation and genetic testing. The prognosis of individuals depends on the type and severity of the condition. Cysteamine therapy, supportive therapy and kidney transplantation in end-stage kidney disease are the treatment options available.

PP 39

A CASE OF PAPILLON–LEFÈVRE SYNDROME: A RARITY

S G A D Tharanga[1], W G U M Weliwita[1], L Y S Laksitha[1], A P D Fernando[1], S B N T L Wijeratna[1]
[1]District General Hospital, Ampara, Sri Lanka

INTRODUCTION

Papillon–Lefèvre Syndrome (PLS) is a rare autosomal recessive disorder characterized by palmoplantar hyperkeratosis and aggressively progressing periodontitis leading to premature loss of deciduous and permanent dentition. Additionally, pyogenic skin infections, nail dystrophy and hyperhidrosis may present

CASE REPORT

An 11-year-old girl, 1st child of 2 from 2nd-degree consanguineous parents, presented with peeling skin, bilateral red eyes and loose teeth. On examination, she had scaly silver colour skin in the lateral aspect of both elbows and dry scaly skin forming a mass on the palmer area and soles. She underwent a basic blood investigation, which included erythrocyte sedimentation rate, bone profile, liver enzyme levels, and renal function, which were all normal. The child was assessed by the dental surgeon, and extensive periodontitis was noted. A multidisciplinary management was arranged involving a paediatrician, dental surgeon, dermatologist and parents.

DISCUSSION

PLS is a genetically inherited disorder appearing 1 to 3 times in a million births, characterized by palmoplantar hyperkeratosis and severe early onset periodontitis and skin manifestation. It is crucial to approach in a multi-disciplinary manner managing PLS patients with the inclusion of dermatologists, paediatricians and dental surgeons. Early investigation and proper treatment have been shown to improve prognosis. Treatment includes conventional periodontal therapy, oral antibiotics in recurrent oral infections and oral retinoids for palmoplantar keratoderma.

PP 40

WILSON'S DISEASE PRESENTING AS ACUTE LIVER FAILURE IN A CHILD

S G A D Tharanga[1], **W G U M Weliwita**[1], **S B N T L Wijeratna**[1]
[1]*District General Hospital, Ampara, Sri Lanka*

INTRODUCTION

Wilson's disease is a rare autosomal recessive disorder characterized by abnormal accumulation of copper in various organs, mainly affecting the liver and brain. In children, it often presents with hepatic manifestations. Herein, we describe a case of Wilson's disease presenting as acute liver failure.

CASE REPORT

A 6-year-old girl, the second child of healthy, non-consanguineous parents, presented with a two-day history of vomiting, lethargy, and jaundice. There was no history of dark urine, fava bean consumption, or recent infections. Her past medical, immunization, and family history were unremarkable.

On examination, she was febrile, drowsy, moderately pale, and severely icteric, with mild ankle oedema. Further examination revealed Kayser-Fleischer rings. An abdominal examination showed hepatomegaly (3 cm) without splenomegaly.

Laboratory investigations revealed leucocytosis (white blood cell count 19.5×10^9/L, neutrophils 13×10^9/L), anaemia (haemoglobin 8.3 g/dL), and elevated C-reactive protein (11 mg/L). Liver function tests showed total bilirubin 409 µmol/L, conjugated bilirubin 257 µmol/L, alanine transaminase 89 U/L, aspartate transaminase 409 U/L, albumin 2.5 g/dL, and international normalised ratio 3. Viral screening was negative. Serum caeruloplasmin was low, and 24-hour urinary copper excretion was elevated. An abdominal ultrasound confirmed acute liver failure.

The child was treated with vitamin K and fresh frozen plasma for coagulopathy. Due to rapid deterioration, she underwent liver transplantation within two days and recovered successfully.

DISCUSSION

Symptoms of Wilson's disease may develop acutely or gradually. Although liver involvement is common in children, neurological, psychiatric, ophthalmic, and renal manifestations can also occur. Management includes chelation therapy, dietary modifications, and liver transplantation in severe cases. Early diagnosis and intervention are crucial for improved outcomes.

PP 41

NASAL CARRIAGE AND ANTIBIOTIC SUSCEPTIBILITY OF *STREPTOCOCCUS PNEUMONIAE* AMONG HEALTHY CHILDREN AGED <2 YEARS IN THE COLOMBO DISTRICT DURING THE COVID-19 PANDEMIC

G D M C Gonapaladeniya[1], G S H Liyanage[2], M M Weerasekera[3], D M B T Dissanayake[3]

[1]*Department of Medical Laboratory Sciences, Faculty of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,* [3]*Department of Microbiology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,*

INTRODUCTION

Streptococcus pneumoniae is a major pathogen infecting human worldwide. Colonization by *S. pneumoniae* is known to be a prerequisite for invasive disease. The susceptibility of *S. pneumoniae* to commonly used antibiotics is threatened by the emergence of resistant strains.

OBJECTIVES

This study was carried out to investigate the nasal carriage and antibiotic susceptibility of *S. pneumoniae* in healthy children aged <2 years in the Colombo district in Sri Lanka.

METHOD

A total of 350 nasopharyngeal swabs (NPS) were collected from healthy children aged between 2 months and 2 years from April to August 2021. Ethical approval for the study was granted by the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (ERC/FMS 11/20). NPS samples were cultured to isolate *S. pneumoniae* and confirmed by a polymerase chain reaction (PCR) assay using the lytA gene. Antibiotic susceptibility of *S. pneumoniae* isolates was identified by the CLSI disc diffusion method and minimum inhibitory concentration (MIC) was determined for penicillin and cefotaxime, using the e-strip method (0.002-32 mcg/ml).

RESULTS

Pneumococcal colonization rate was 5.7% (20/350). All twenty isolates were susceptible to levofloxacin, vancomycin, cefotaxime and linezolid. Resistance was shown to erythromycin (70%), tetracycline (40%), clindamycin (30%), and chloramphenicol (20%). Penicillin had 70% intermediate resistance and 30% sensitivity

CONCLUSIONS

Pneumococcal colonization rate among healthy children is low compared to previous reports. All the isolates of *S. pneumoniae* were susceptible to vancomycin, linezolid, cefotaxime and levofloxacin. Seventy percent had intermediate resistance to penicillin. The highest resistance was observed for erythromycin.

PP 43

IGNORED BUT DEADLY: A DOMESTIC CAT SCRATCH LEADING TO FATAL RABIES ENCEPHALITIS IN A CHILD

E M D G C H Ekanayake[1], **H J B Ambanwela**[2], **K H W P Dissanayake**[1]
[1]*Teaching Hospital, Kurunegala, Sri Lanka,* [2]*Medical Research Institute, Sri Lanka*

INTRODUCTION

Rabies is a generally fatal zoonosis, caused by a RNA virus belonging to the Rhabdoviridae family. Transmission occurs through the inoculation of infected saliva via a bite/scratch from a rabid animal. Incubation period typically varies from one to three months. Clinically, rabies manifests as an encephalitic form or less common paralytic form. In Sri Lanka rabies remains a major public health concern. In 2024, Sri Lanka reported 20 rabies related deaths including three paediatric fatalities. Here we report a confirmed case of rabies encephalitis in a child following a cat scratch.

CASE REPORT

A previously healthy seven-year-old boy from a low socio-economic background presented with a three-day history of altered behaviour which rapidly progressed to confusion. There was no recent fever, seizures, head trauma or drug overdose.

Upon inquiry, his mother reported hydrophobia. A further history revealed a domestic cat scratch six months prior, for which no post exposure prophylaxis was sought.

On examination, he was disoriented, agitated and exhibited excessive salivation, sweating and respiratory distress, though he remained haemodynamically stable. Given his clinical presentation, rabies was suspected. Fan sign was positive, further supporting the diagnosis.

He was transferred to the paediatric intensive care unit, where he deteriorated rapidly developing autonomic dysfunction and he succumbed within hours.

Fluorescent antibody test, done from the human brain specimen, confirmed rabies.

DISCUSSION

The second common source of human rabies deaths in Sri Lanka is cats. Incubation period of rabies can be highly variable and may present long after exposure. Early clinical features are nonspecific, emphasizing the need for thorough evaluation. Laboratory confirmation is crucial for the public health preventive measures. This case highlights the importance of timely post exposure prophylaxis including anti-rabies vaccine along with rabies immunoglobulin to prevent fatal outcome.

PP 43

SEROTYPE DISTRIBUTION AND *IN-VITRO* BIOFILM FORMATION OF *STREPTOCOCCUS PNEUMONIAE* AMONG HEALTHY CHILDREN IN COLOMBO, SRI LANKA

G D M C Gonapaladeniya[1], G S H Liyanage[2], M M Weerasekera[3], L B A E Bogahawatta[3], R P Perera[4], M H M Wickramasekara[5], D M B T Dissanayake[3]

[1]*Department of Medical Laboratory Sciences, Faculty of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka,* [2]*Department of Microbiology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,* [3]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,* [4]*NGS Competence Centre Tübingen (NCCT) Tübingen, Germany.* [5]*Department of Medical Education, Faculty of Medicine, University of Kelaniya, Sri Lanka,*

INTRODUCTION

The capsule is a key virulence factor of *S. pneumoniae*, with over 100 serotypes identified based on capsular polysaccharide differences. Pneumococcal vaccines targeting specific serotypes have reduced disease burden. Nasopharyngeal colonization can lead to severe infections, with biofilms playing a critical role. The biofilm-forming ability of *S. pneumoniae* and its serotypes remains unexplored in Sri Lanka.

OBJECTIVES

This study assessed serotype distribution and biofilm formation in *S. pneumoniae* from children under two years in Colombo, Sri Lanka.

METHOD

This descriptive cross-sectional study (April–August 2021) included 350 healthy children (2–24 months). Ethical approval for the study was granted (ERC/FMS 11/20). Nasopharyngeal swabs were cultured on sheep blood agar, and *S. pneumoniae* was confirmed by *lytA* gene-specific PCR. Biofilm formation was assessed using scanning electron microscopy (SEM), crystal violet (CV), and MTT assays. Capsular sequence typing was used to identify serotypes.

RESULTS

The pneumococcal colonization rate was 5.7% (20/350). Most isolates (90%) were strong biofilm formers by CV assay, while MTT assay classified 10% as strong, 70% as weak, and 20% as non-biofilm formers. Only one isolate displayed biofilm architecture on SEM. The most common serotype was 19F (45%), with 77.8% showing strong biofilm formation in the CV assay but 55.6% classified as weak by MTT assay. Serotype 9N/L was the only strong biofilm former by MTT assay. Other serotypes (3, 6B, 17A/F, 35B/C, 33C) were strong by CV and weak by MTT assays.

CONCLUSIONS

Our findings reveal a relatively low pneumococcal colonisation rate among healthy children (5.7%), in contrast to earlier national and international reports. Serotype 19F was predominant (45%), aligning with global findings. Most detected serotypes (80%) are covered by PCV13. However, we were unable to determine a definitive association between the formation of biofilms and the specific serotypes of *S. pneumoniae*.

PP 44

INFECTED SPONTANEOUS CHYLOTHORAX IN A VERY PRETERM NEONATE: A CASE REPORT

K C Dissanayake[1], **A R D V S Ramanayake**[1], **N Gamaathige**[1]
[1]*De Soysa Hospital for Women, Colombo, Sri Lanka*

INTRODUCTION

Chylothorax, the accumulation of chyle in the pleural space, is a rare but significant cause of neonatal pleural effusion. Although chyle is typically bacteriostatic, we present an unusual case of an infected chylothorax in a preterm neonate.

CASE REPORT

A male neonate was delivered vaginally at 28 weeks gestation (birth weight: 1.17 kg) due to preterm premature rupture of membranes and maternal chorioamnionitis. Antenatal ultrasound was unremarkable, and the neonate exhibited no dysmorphic features.

Surfactant was administered on day 1. On day 2, respiratory deterioration necessitated intubation. Chest radiography revealed a right-sided hydropneumothorax with mediastinal shift. Initial intercostal drainage produced straw-colored fluid, which became milky following the introduction of expressed breast milk. Pleural fluid analysis confirmed chylothorax with elevated triglycerides and a pleural fluid: serum cholesterol ratio of 0.39.

Management included temporary cessation of enteral feeding, total parenteral nutrition, and ventilatory support with high positive end-expiratory pressure. The intercostal tube was removed on day 10, and enteral feeding was gradually reintroduced, reaching full feeds by day 25. Medium-chain triglyceride formula was unavailable, and octreotide was avoided due to the risk of necrotizing enterocolitis. Pleural fluid cultures twice isolated *Staphylococcus lugdunensis*, prompting intravenous meropenem therapy, while blood cultures remained negative.

The infant developed mild bronchopulmonary dysplasia, requiring supplemental oxygen for over 28 days but was weaned to room air by 35 weeks corrected postmenstrual age. The neonate was discharged on azithromycin prophylaxis. At three months, growth was adequate with exclusive breastfeeding, and no respiratory complications were observed.

DISCUSSION

Infected chylothorax, though rare, should be considered in preterm infants with chylous effusion. Conservative management with drainage, nutritional modifications, and optimized ventilation was successful without medium-chain triglyceride formula or octreotide.

PP 45

PARENTAL KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING EPILEPSY AMONGST PARENTS OF EPILEPTIC CHILDREN AGED 6 TO 12 YEARS ATTENDING THE LADY RIDGEWAY HOSPITAL, COLOMBO-SRI LANKA

H M R V Bandara[1], H D P M Nandasiri[1], H M S D Bandara[1], J K P T Jayaneththi[1], D A V D Hirusha[1], M N Priyadharshanie[1], G D I Rodrigo[2]

[1]*Department of Nursing and Midwifery, Faculty of Allied Health Sciences, General Sir John Kotelawala Defence University, Sri Lanka,* [2]*Faculty of Medicine, General Sir John Kotelawala Defence University*

INTRODUCTION

Epilepsy is a neurological disorder affecting approximately 50 million individuals worldwide, including 13 million children. It significantly impacts health, development, and quality of life. Despite its prevalence, epilepsy remains stigmatized, leading to delayed diagnosis and inadequate treatment adherence.

OBJECTIVES

This study aimed to assess parental knowledge, attitudes, and practices (KAP) regarding epilepsy among parents of epileptic children aged 6 to 12 years attending Lady Ridgeway Hospital, Colombo, Sri Lanka.

METHOD

A descriptive cross-sectional study was conducted among 422 parents attending the neurology clinic at Lady Ridgeway Hospital, Colombo from December 2024 to January 2025. Participants were selected using a random sampling method. Data were collected via a validated, pretested, interviewer-administered questionnaire. The Delphi method was used for validation, achieving 100% expert approval in the first round. Data were analysed using SPSS version 25, employing descriptive statistics and Chi-square tests to assess associations between socio-demographic factors and knowledge levels.

RESULTS

The mean (SD) ages of mothers and fathers were 36 (+/-6.4) and 38 (+/-6.9) years, respectively. Health professionals were the primary information source (86.8%). Among parents, 67.8% had excellent epilepsy knowledge, 95.5% demonstrated proper emergency management, and 98.8% adhered to medication regimes. However, misconceptions were noted, with over half mistakenly offering food or drinks immediate post-seizure. Although 70.4% had positive attitudes, 91.5% believed children required constant parental supervision, and 62.6% restricted stressful activities, indicating overprotective behaviors. Higher maternal education (OR=4.1, 95% CI: 1.5–11.3, p=0.002) and greater household income (OR=6.4, 95% CI: 1.5–27.5, p=0.002) were significantly associated with better knowledge levels.

CONCLUSIONS

While parental knowledge of epilepsy was generally satisfactory, gaps remain in symptom recognition, emergency management, and misconceptions.

PP 46

A RARE PRESENTATION OF GROUP B STREPTOCOCCAL SEPTICAEMIA IN A 2-AND-A-HALF-MONTH-OLD INFANT

W A A K Wickramasinghe[1], **D S Senavirathna**[1], **P Gamage**[1], **S Deshapriya**[1]
[1]*Paediatric Intensive Care Unit, National Hospital, Galle, Sri Lanka*

INTRODUCTION

Group B Streptococcus (GBS) is a leading cause of neonatal infections. While early-onset GBS sepsis is well-documented, late-onset cases can be more insidious, especially when they occur in infants beyond the typical window of risk. This case report discusses a rare presentation of GBS septicaemia in a 2.5-month-old infant, highlighting the importance of early detection, timely management and the potential for atypical presentations in older infants

CASE REPORT

A 2 and half month-old male infant, second born to non-consanguineous healthy parents, presented to Emergency Department (ED) with a prolonged convulsion with a history of fever for 3 days. He had no significant medical history, birth history was uncomplicated, with a full-term delivery via vaginal birth and he had received all recommended vaccinations.

At ED he was managed as for status epilepticus needing invasive ventilation and circulatory insufficiency leading to cardiac arrest, requiring admission to paediatric intensive care unit (PICU). Basic investigations revealed neutrophilic leucocytosis with normal platelet and haemoglobin levels along with high C-reactive protein level of 312mg/dL. Cerebrospinal fluid (CSF) analysis was highly suggestive of bacterial meningitis. Both the blood culture and CSF bacterial antigen were positive for *Group B streptococcus*.

He was started on intravenous antibiotics which were sensitive to the specific organism. Dual inotropic support and invasive ventilation were continued along with 2 antiepileptic medications. During the course of illness, the baby developed complications like widespread cerebral ischaemic injury and persistent circulatory insufficiency which led to an unfortunate demise on day 20 of PICU stay.

Parents were counselled regarding the future pregnancies and importance of screening for GBS during pregnancy was highlighted.

DISCUSSION

This case highlights the importance of maintaining a high index of suspicion for GBS septicaemia in infants, even beyond the typical early-onset window. Rapid identification and appropriate antibiotic treatment are essential for improving outcomes. Further studies are needed to better understand the full spectrum of late-onset GBS infections in infants and to refine early recognition and management strategies.

PP 47

AUDIT ON EVALUATING THE KNOWLEDGE ON BLOOD CULTURES IN HEALTH CARE PROVIDERS IN A PAEDIATRIC WARD SETUP

W A A K Wickramasinghe[1], **S Ganesan**[1]
[1]*Paediatric Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

INTRODUCTION

Blood stream infections account for a considerable amount of morbidity and mortality in paediatric patients where the accurate diagnosis is made by positive blood cultures. However, we do not observe positive blood cultures commonly in paediatric ward setup, even when the clinical picture is compatible with septicaemia.

OBJECTIVES

Our objective was to evaluate knowledge on the indications for requesting a blood culture (BC) and the practices towards obtaining a proper blood culture in health care providers.

METHOD

All patients who underwent blood cultures during ward stay (ward 41A) for a time period of 3 months (March–May 2024) were included in data analysis. A systematic self-administered questionnaire was distributed among healthcare providers including medical officers and nursing officers, to gather data on knowledge and the current practices.

RESULTS

The total number of admissions to ward 41A during the given time period was 851, where 76 patients (8.9%) underwent blood cultures. Positive rate was only 2.6% (one true positive and one contaminant) Out of that 76 patients, majority (56%) were more than 1 year of age. When the total number of neonatal admissions (46) were considered, 34.7% underwent blood cultures. Majority of blood cultures were obtained from patients with lower respiratory tract infections (34.2%) and neonatal jaundice (17.1%).

Twenty responders participated in filling the questionnaire where majority had a good knowledge on correct methods of obtaining a BC (60%) and the adequate minimal amount of blood required for BC (55%). Sick neonate (100%), septic shock (85%), clinically ill child with no exact focus (85%) were marked as leading indications for a BC; 19 (95%) identified the importance of maintaining sterility during the procedure. Choosing a properly stored unexpired BC bottle was highlighted by all participants; 15% indicated that collected BC bottles can be refrigerated till the transportation to laboratory.

CONCLUSIONS

Majority (60%) had a good knowledge on correct methods of obtaining a BC and 55% knew the adequate minimal amount of blood required for BC. Sick neonate (100%), septic shock (85%), clinically ill child with no exact focus (85%) were considered leading indications for BC; 95% identified importance of maintaining sterility during BC. Choosing a properly stored unexpired BC bottle was highlighted by all participants.

PP 48

POST-SURGICAL GUILLAIN-BARRÉ SYNDROME FOLLOWING BOWEL RESECTION SURGERY: A RARE CASE REPORT

D S Senavirathna[1], **W A A K Wickramasinghe**[1], **K T R Jayasanka**[1], **P Gamage**[1], **S Deshapriya**[1]
[1]*Paediatric Intensive Care Unit, National Hospital, Galle, Sri Lanka*

INTRODUCTION

Guillain-Barré Syndrome (GBS) is typically associated with preceding infections, such as viral and bacterial illnesses. However, there are rare cases in which GBS can develop post-surgery, particularly after gastrointestinal procedures, although this is an infrequent complication in the paediatric population.

CASE REPORT

A 1 year and 11-month-old boy with no prior medical history was admitted with symptoms of abdominal distension and vomiting for 1 day duration. Initial radiographs and ultrasound revealed a diagnosis of duplicate cyst in ileal region with midgut volvulus. He underwent emergency laparotomy, and a bowel resection was performed due to ischaemic damage to a segment of the small intestine. Following surgery child was transferred to paediatric intensive care unit (PICU) for further management.

During PICU stay he developed poor motor activity with reduced muscle power and hyporeflexia where extubating him from ventilator failed.

Diagnostic workup was carried out with nerve conduction studies (NCS) demonstrating significant peripheral sensory and motor conduction deterioration suggestive of axonal variant of GBS (ASMAN). Cerebrospinal fluid (CSF) analysis revealed a protein concentration of 26 mg/dL with a normal white blood cell count (polymorphs nil, lymphocytes 02). Neuroimaging with a contrast scan of brain was performed to exclude other neurological causes and was unremarkable.

He was treated with intravenous immunoglobulin (IVIG) at a dose of 2 g/kg divided over four days, as per standard GBS treatment guidelines. The patient also received physical therapy to aid in the recovery of motor function. Over the course of several weeks, he showed gradual improvement.

DISCUSSION

This case highlights the rare occurrence of Guillain-Barré Syndrome following bowel resection surgery for volvulus. While the majority of GBS cases are triggered by infections, post-surgical development of GBS is an important consideration, especially in children undergoing major surgeries like bowel resections. Early recognition of GBS and prompt treatment with IVIG led to a full recovery and this report underscores the importance of considering GBS in the differential diagnosis of new-onset weakness following surgery in paediatric patients.

PP 49

AN AUDIT ON RE-ADMISSIONS OF PATIENTS WITHIN 30 DAYS OF DISCHARGE TO A SINGLE PAEDIATRIC UNIT (WARD-12) TEACHING HOSPITAL, JAFFNA

B Aravinthan[1], **N Srisaravanapavananthan**[1]
[1]*Teaching Hospital, Jaffna, Sri Lanka*

INTRODUCTION

A hospital re-admission is an episode when a patient who had been discharged from a hospital is admitted again within a specified time interval. Teaching Hospital (TH) Jaffna has three paediatric medical units. Each pediatric medical unit has an average 30-40 admissions per day. We have observed that considerable number of children are re-admitted to our paediatric unit.

OBJECTIVES

Study the key factors that contribute to avoidable re-admissions and discuss about best practices in the reduction of preventable re-admissions.

METHOD

Re-admission audit was undertaken on 54 re-admissions that occurred over 8 months in a single paediatric unit (ward 12) TH Jaffna. Previous diagnosis cards and re-admission BHTs are reviewed to fill the questionnaire by the auditor and parents are interviewed on post discharge care to fill the interviewer-administered questionnaire. Finally, collected data are analysed by audit team.

RESULTS

Age group with highest number of re-admission (51.8%) was 1 year - 6 years; 94.4% of children were re-admitted directly. Highest number of re-admission (64.8%) occurred within 7 days of discharge; 61% children who were re-admitted to ward had stayed in ward 1-3 days; 33% children had lower respiratory infection during re-admission; 14.8% children had been discharged without plan of review; 52.1% of children were readmitted prior to review date; 53.7% children presented with the same illness during re-admission; 85.1% of children had infective diseases, of which 39.1% had positive inflammatory marker; 30.4% children had higher C-reactive protein than in the initial admission. Most of the children (52.1%) had got only 3 days of intravenous antibiotics in their 1st admission; 23.7% of children had not taken oral antibiotics during the post-discharge period.

CONCLUSIONS

Preventable paediatric re-admissions at TH Jaffna are primarily caused by early discharge, inadequate antibiotic treatment, medication issues, and insufficient follow-up.

PP 50

PARENTAL KNOWLEDGE, ATTITUDES, AND PRACTICES ON CORPORAL PUNISHMENT IN A PAEDIATRIC UNIT DURING THE ECONOMIC CRISIS IN SRI LANKA

K Prabagar[1], **M P M Perera**[1], **P Piranavi**[1], **W N U Perera**[1], **A K C Pinnalanda**[1], **M D C S Perera**[1], **R A N S Randeny**[1,2]

[1]*Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka,* [2]*Department of Pediatrics, Faculty of Medicine, University of Kelaniya, Ragama Sri Lanka*

INTRODUCTION

Sri Lankan parents commonly use corporal punishment for discipline despite moral, scientific and cultural concerns. It has long-lasting effects on children, yet data on the issue is minimal and it is essential to address it.

OBJECTIVES

To assess the knowledge, Attitudes, and Practices on Corporal Punishment and associated factors among parents.

METHOD

This cross-sectional analytical study was conducted at the inpatient and outpatient departments of Teaching Hospital Ragama from October 2022 to January 2023. Data were collected using an interviewer-administered Google Form. Quantitative data were analysed using SPSS, with participants' knowledge classified as "Good" or "Poor" and attitudes categorized as "Good," "Poor," or "Neutral." Pearson's Chi-square ($\chi 2$) test was used for statistical analysis ($p = 0.05$), while qualitative data underwent thematic analysis. Ethical clearance for this study was obtained from the Ethics Review Committee of the University of Kelaniya (Reference No: P/103/08/2022). All participants provided informed consent before data collection.

RESULTS

Among 389 parents who participated, 77.9% (303) were female, and 22.1% (86) were male. Majority (62.2%) had "Good" knowledge of adverse effects following corporal punishments, and (55.7%) held "Good" attitudes against it. Yet, 60.2% still punished their child during the economic crisis, primarily by hitting with their hand, followed by verbal and emotional punishments.

A statistically significant relationship was found between knowledge and gender ($p=0.004$), while attitudes and practices were associated with learned experiences and the parents' education level. Qualitative analysis highlighted concerns about children's mental health, the transgenerational transmission of corporal punishment, and poor knowledge of alternative disciplinary methods.

CONCLUSIONS

Corporal punishment was higher during the economic crisis despite having good knowledge and attitudes. The punishments may stem from a lack of self-control or self-discipline among parents in which knowledge of alternative discipline methods was also a limitation.

PP 51

ANATOMICAL LUNG RESECTION FOR NECROTISING PNEUMONIA WHEN EVERYTHING FAILS

Neranjan Handagala[1], Saman Iddagoda[1], Sumana Handagala[1], Kanchana Singappuli[2], Prabuth Weeraddana[2], Anuradha Kodippili[2], Channa de Silva[2]

[1]*National Hospital for Respiratory Diseases, Welisara, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Necrotising pneumonia (NP) is a rare but severe complication of bacterial pneumonia in children, with high morbidity and mortality. It is commonly associated with empyema, bronchopleural fistula, and lung necrosis, requiring aggressive medical and surgical intervention. Although, the mainstay of treatment is with intravenous antibiotics and minimally invasive surgical techniques, in refractory cases lung resection is sometimes a must.

CASE REPORT

A 5-year 7-month-old previously healthy boy presented with progressive respiratory distress with persistent fever, failing to respond to initial management for NP and empyema. Imaging showed a left-sided empyema with necrotic lung parenchyma. A left sided video assisted thoracoscopy and empyema evacuation were performed. Despite broad- spectrum intravenous antibiotics and initial surgery he continued to experience prolonged air leakage, poor lung expansion, and recurrent fever spikes. Contrast-enhanced computed tomography (CECT) revealed left lower lobe necrosis, a trapped lung, and a bronchopleural fistula, with a newly developed right-sided pleural collection.

Urgent right sided Video-Assisted Thoracoscopic Surgery (VATS) was performed and empyema evacuation and washout done. A left thoracotomy and lower lobectomy with wedge excision of the lingula, due to partial necrosis, were performed. Within 24 hours postoperatively, the child was weaned off ventilatory support, with gradual clinical improvement. After continued intravenous antibiotics and multidisciplinary follow- up, he was discharged.

DISCUSSION

The importance of early recognition and escalation of care in NP is the highlight of this case. Medical therapy is the first-line treatment. However, in cases of persistent bronchopleural fistula, extensive necrosis, and trapped lungs, surgical interventions become necessary. Furthermore, multidisciplinary collaboration is crucial for better outcomes.

PP 52

A NEONATE WITH CONGENITAL LOBAR EMPHYSEMA: DIAGNOSIS, SURGICAL MANAGEMENT, AND OUTCOMES

Neranjan Handagala[1], Saman Iddagoda[1], Sumana Handagala[1], Kanchana Singappuli[2], Prabuth Weeraddana[2], Anuradha Kodippili[2], Channa de Silva[2]
[1]*National Hospital for Respiratory Diseases, Welisara, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
In neonates, Congenital Lung Emphysema (CLE) manifests as progressive respiratory distress, that ranges from mild tachypnoea to severe cyanosis, which is often due to lung hyperinflation and mediastinal shift. Even though bronchoscopy aids in diagnosis, immediate lobectomy is lifesaving in case of a severe respiratory compromise.

CASE REPORT
A 21-day-old male neonate was admitted with progressive respiratory distress and poor feeding since birth. Initial examination revealed tachypnoea and increased work of breathing. Echocardiography showed a mild patent ductus arteriosus (PDA), while contrast-enhanced computed tomography (CECT) of the chest demonstrated hyper-expansion of the right upper lobe with collapse of the right middle and lower lobes, causing significant mediastinal shift and left lung compression. Despite high-flow oxygen therapy surgical intervention was needed as the neonate's respiratory distress worsened.

A right muscle-sparing posterolateral thoracotomy revealed an emphysematous right upper lobe. The affected lobe was resected, after carefully securing the vascular pedicles and the remaining lung tissue was preserved. The neonate showed a good recovery initially, however, on day 4 he developed fever and a right-sided pleural effusion, which was aspirated. Then with intravenous antibiotics the neonate showed complete clinical recovery. Hence, in a neonate presenting with respiratory distress it is important to consider congenital lobar emphysema. To prevent respiratory compromise and optimise outcomes, early diagnosis and timely surgical intervention are crucial, particularly in severe cases with significant mediastinal shift.

DISCUSSION
Even though some cases are managed conservatively, for severe CLE with significant mediastinal shift surgical resection becomes a must. Precise surgical execution is of utmost importance as neonatal lung resections remain challenging due to the small size of broncho-vascular structures. Whilst early recognition can prevent life-threatening outcomes, proper preoperative planning and meticulous surgical technique minimise complications and improve outcomes.

PP 54

AUDIT ON TRANSFER FORMS, WRITTEN FOR TRANSFER OF PAEDIATRIC PATIENTS TO A PAEDIATRIC UNIT IN A TEACHING HOSPITAL

K P J Perera[1], **H M N M Herath**[2]
[1]*Department of Paediatrics, Faculty of Medicine, Wayamba University of Sri Lanka,*
[2]*Department of Pharmacology, Faculty of Medicine, Wayamba University of Sri Lanka*

INTRODUCTION

Transfers are an important part of patient management and a properly filled transfer form is vital to inform the receiving unit about the patient and management done so far. We often come across poorly filled transfer forms which can have significant impact on patient management. This audit was carried out to assess the quality of transfer forms received by a paediatric unit

OBJECTIVES

To assess the quality of transfer forms written for Paediatric transfers with regard to legibility and accuracy.

METHOD

Transfer forms of all transfers to the unit between June to August 2024, were analysed by a consultant paediatrician. Quality and accuracy of information were recorded into Google form. One hundred transfer forms were evaluated. Written permission was obtained from hospital director.

RESULTS

Only in 25% of transfer forms the handwriting was easy to read, while it was illegible in 6%. Only 61% had patient information clearly mentioned. Only 59% had a clear reason for the transfer mentioned. Suggested management mentioned was appropriate only in 64%. Only 28% transfer forms clearly mentioned the results of investigations done before transfer. Only 62% had proper information on management done up to the time of transfer. In 75% the name and designation of transferring officer was not clearly mentioned.

CONCLUSIONS

Majority of transfer forms for paediatric transfers were substandard. Transfer form can be a legal document; thus, clear and legible documentation is vital. Not mentioning the management and investigations done before transfer delay the management and cause duplication of investigations.

PP 54

CONGENITAL PULMONARY AIRWAY MALFORMATION (CPAM) PRESENTING WITH SEVERE RESPIRATORY DISTRESS IN A NEONATE

Neranjan Handagala[1], Saman Iddagoda[1], Sumana Handagala[1], Kanchana Singappuli[2], Prabuth Weeraddana[2], Anuradha Kodippili[2], Channa de Silva[2]

[1]*National Hospital for Respiratory Diseases, Welisara, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

As respiratory distress can be caused by many reasons in neonates, Congenital Pulmonary Airway Malformation (CPAM) is a rare but the commonest congenital lung lesion. Despite mild cases can be managed conservatively, surgical interventions become necessary for severe CPAM as it can cause pulmonary hypoplasia, hydrops fetalis, and neonatal respiratory failure.

CASE REPORT

A 12-day-old neonate was referred with persistent respiratory distress since birth. Chest x-ray revealed hyper-expansion of the left hemithorax with a mediastinal shift to the right. Contrast-enhanced computed tomography confirmed a left upper lobe CPAM, significantly compressing the left lower lobe and shifting of the mediastinum. As per the multidisciplinary team's decision, once the neonate was optimised and had reached 2.5kg, a left thoracotomy with upper lobectomy was performed.

Postoperatively, for 72 hours the neonate was managed in the intensive therapy unit. However, persistent air leak, worsening with crying, was noted. A Left lower lobe collapse due to an intercostal drain blockage was revealed by sequential chest x-rays. Hence, at the postoperative 10th day, the child underwent re-exploration. Intraoperatively, an air leak from the lung parenchyma was identified and repaired using polypropylene sutures. Postoperatively, improved lung expansion was confirmed by imaging. The child had a protracted recovery but after six weeks he was eventually discharged. This case highlights the challenges of managing CPAM in neonates, including optimal timing of surgery and managing postoperative complications.

DISCUSSION

In neonates with respiratory distress CPAM should also be considered along with its associated abnormalities. Optimal timing of surgical resection improves outcomes by relieving lung compression, facilitating normal lung development and reducing postoperative complications. Therefore, early intervention is crucial for optimal recovery, requiring careful management of potential complications like air leaks and lung collapse.

PP 55

A DESCRIPTIVE OBSERVATIONAL ANTHROPOMETRIC ASSESSMENT OF THE IN-WARD PAEDIATRIC PATIENTS AT SRI JAYEWARDENEPURA GENERAL HOSPITAL IN A POST-PANDEMIC CONTEXT

Hiyath Induwara Peiris[1], Wickramasinghe Pathiranage Lakindu Ransika Jayawardhana[2], Saad Sifar[3], Hiruni Anuththara Peiris[4], Iranthi Kumarasinghe[5], Mihira Manamperi[6]

[1]*Division of Engineering, New York University Abu Dhabi, New York University, USA,* [2]*Department of Computer Science, Faculty of Engineering, University of Hong Kong,* [3]*Division of Science, New York University Abu Dhabi, New York University, USA,* [4]*Department of Biosystems Engineering, Faculty of Engineering, Sri Lanka Technological Campus, Sri Lanka,* [5]*Department of Para Clinical Sciences, Faculty of Medicine, General Sir John Kotelawala Defence University, Sri Lanka,* [6]*Department of Paediatrics, Sri Jayewardenepura General Hospital, Sri Lanka*

INTRODUCTION

Nutritional status is a key determinant of children's health and development, with hospitalized paediatric patients often reflecting broader public health issues. This study aims to assess the nutritional status of middle-class paediatric patients at Sri Jayewardenepura General Hospital (SJGH), focusing on two age groups: 0-5 years and 5-15 years.

OBJECTIVES

Calculating the body mass index (BMI) and height-for-age in children aged 5-15 years to identify obesity, overweight, thinness, and stunting prevalence and obtaining growth parameters of 0-5 years age group to estimate the prevalence of severe acute malnutrition (SAM), moderate acute malnutrition (MAM), overweight weight-for-height (OWW), and stunting. These results were compared between the age groups and genders

METHOD

This study included all children admitted to SJGH from 1st July to 12th August 2024. Anthropometric measurements were extracted from the Bed Head Ticket and Child Health Development Record (CHDR). Nutritional status was classified using CHDR reference charts, and comparisons were made by age group and gender.

RESULTS

The total sample size was 168 with 84 in each category. In the 0-5-year category, 96.4% had healthy height-for-age and 80.3% had normal weight. Weight-for-height revealed 27.4% were in MAM and 9.5% were in SAM. Within the 5-15-year category, 88.1% had healthy height-for-age and 50.0% had normal weight. Thinness, overweight and obesity were seen in 28.6%, 11.9% and 9.5%, respectively

CONCLUSIONS

This study aimed to capture a snapshot view of the prevalence of malnutrition and obesity among middle-class paediatric patients aged 0-15, reflecting that undernourishment over obesity with minimal malnutrition has become the trend. There were no significant differences in nutritional status across genders.

PP 56

ECTHYMA GANGRENOSUM CAUSED BY METHICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* IN A CHILD WITH VARICELLA ZOSTER INFECTION: A RARE CASE REPORT

W U C J Wijerathne[1], **S T Kudagammana**[1]
[1]*University Paediatric Unit, Teaching Hospital Peradeniya, Sri Lanka*

INTRODUCTION

Ecthyma gangrenosum is a dermatological condition characterized by vesicles which rapidly evolve in to pustules and necrotic ulcers with erythematous borders. It is most commonly caused by *Pseudomonas aeruginosa* in immunocompromised patients. It can also be caused by other gram-negative bacteria, although its association with gram positive bacteria is rare. We report a rare case of ecthyma gangrenosum caused by methicillin resistant *Staphylococcus aureus* (MRSA), occurring in a child with a varicella zoster viral infection.

CASE REPORT

A previously healthy 6-year-old boy presented with a gross varicella zoster infection and had been receiving oral acyclovir since the second day of illness. Despite treatment, his fever and the skin lesions worsened, with vesicles progressing to pustules surrounded by erythematous borders and necrotic centers. He was critically ill but remained haemodynamically stable. Blood investigations revealed elevated C-reactive protein levels (201mg/dL) and neutrophil leucocytosis, though repeated blood cultures were negative. Swab cultures from skin lesions confirmed MRSA. He was treated with intravenous vancomycin followed by oral clindamycin, along with local application of mupirocin to the skin lesions. The lesions healed gradually over six weeks.

DISCUSSION

Ecthyma gangrenosum is commonly associated with pseudomonas sepsis. Other bacterial and non-bacterial organisms should also be considered in the differential diagnosis which could be lifesaving as treatment differs with the involved organism.

PP 58

NEONATAL CHOLESTASIS COMPLETELY RESOLVED BY SPONTANEOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT CLOSURE

A Y Wimalasiri[1], **T Mannapperuma**[1], **K N H Wadige**[1]
[1]*University of Peradeniya, Sri Lanka*

INTRODUCTION

Neonatal cholestasis necessitates thorough investigation. Congenital intrahepatic portosystemic shunts (CIPSS), rare vascular anomalies, can seldom manifest with this. This report details a case of prolonged neonatal cholestasis due to a type III intrahepatic portosystemic shunt (IHPSS) that spontaneously resolved with conservative management, highlighting CIPSS as a differential diagnosis and the potential for non-interventional resolution in select cases.

CASE REPORT

A 1-month-old male presented with persistent jaundice and pale stools from 2 weeks of life. Born at term (2.08 kg) with an unremarkable history, his total bilirubin was 174 µmol/L (3 to 20 µmol/L), with 70% direct fraction, elevated alanine transaminase 85 U/L (7-56 U/L), aspartate transaminase 123 U/L (8-33 U/L), alkaline phosphatase 800U/L (70-380 U/L) and normal gamma glutamyl transferase. Doppler ultrasound abdomen revealed a type III IHPSS without biliary obstruction or gallbladder abnormalities. Given the isolated cholestasis and absence of complications (heart failure, failure to thrive, hepatopulmonary syndrome, hyperammonemia), observation was chosen. Serial bilirubin levels and ultrasounds were performed to monitor progression. Complete resolution of jaundice and bilirubin normalization occurred by 6 months of life.

DISCUSSION

This case illustrates CIPSS as a rare cause of neonatal cholestasis with an atypical biochemical profile. The spontaneous resolution in this type III IHPSS following conservative observation highlights the potential for non-interventional management in carefully selected, uncomplicated cases. Intervention should be considered for large shunts with significant diversion, persistent cholestasis (e.g. 1 year) or development of complications, with options including endovascular closure or surgical ligation. This report emphasizes the importance of considering CIPSS in the differential diagnosis of neonatal cholestasis and the role of vigilant follow-up to guide management, potentially avoiding unnecessary interventions.

PP 58

PRE-PREGNANCY MATERNAL BODY MASS INDEX (BMI), A PREDICTOR OF HIGHER OFFSPRING BIRTH WEIGHT IN SRI LANKAN POPULATION

M G D V K Kiridana[1], P D M K C Pathirage[1], K R P Karunathilake[1], G U Vidanapathirana[1], V P Wickramasinghe[2], C Rathnayake[3], S Tennakoon[4], N S Kalupahana[5]

[1]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka,* [3]*Department of Obstetrics & Gynaecology, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [4]*Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [5]*Department of Nutrition and Health, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, UAE.*

INTRODUCTION

Maternal pre-pregnancy BMI plays a significant role in giving birth to large for gestational age (LGA) neonates (>3500g). High birth weight is deemed a risk factor for early development of cardiovascular diseases and other obesity related consequences. Maintaining a healthy BMI prior to pregnancy is of paramount importance to mitigate childhood obesity and associated complications.

OBJECTIVES

To evaluate the association of maternal pre-pregnancy BMI with high birth weight in the offspring.

METHOD

A total of 1537 pregnant mothers were recruited from the antennal clinic of Teaching Hospital Peradeniya. Their demographic and medical details were collected using an interviewer administered questionnaire. Only 1143 mother-infant pairs were selected for this study who were term neonates without any complications. Birth weights of the selected neonates were measured. Ethical approval was obtained from the ERC, Faculty of Medicine, University of Peradeniya (2020/EC/49). Multiple linear regression, ANCOVA and Spearman Correlation tests were performed for the statistical analysis.

RESULTS

The mean pre-pregnancy BMI was 23.2 ± 6.20 kg m^{-2} and the mean age of the mothers was 29 ± 7.00 years. The mean birth weight of the neonates was 2900. 0 ± 550.0 g. Most of the neonates had normal birth weight comprising n = 904 (79.1%). Seventy (6.1%) babies were LGA. Pre -pregnancy BMI had a significant positive correlation with offspring birth weights with $p < 0.05$, $r = 0.137$. After adjusting for the covariates such as maternal complications, gestational weight gain, maternal educational level, gender of the neonate and maternal age, maternal pre-pregnancy BMI ($\beta = 0.113$) significantly predicted neonatal birth weight ($p < 0.05$) at 95% CI. The adjusted relative risk for having LGA babies for mothers with high pre-pregnancy BMI was 1.39.

CONCLUSIONS

Having high pre-pregnancy maternal BMI plays a significant role in giving birth to LGA neonates

PP 59

A RARE CAUSE FOR DEVELOPMENTAL DELAY WITH HYPOTONIA: A CASE REPORT OF CONGENITAL DISORDER OF GLYCOSYLATION TYPE 1A

WA C M S Wijerathne[1], A J R O Smith[1], L Hettiarachchi[1]
[1]Sirimawo Bandaranayake Specialized Children Hospital, Peradeniya, Sri Lanka

INTRODUCTION

Congenital Disorders of Glycosylation (CDG) represents a complex group of inherited metabolic conditions characterized by impaired protein and lipid glycosylation. CDG type 1a (CDG-Ia) is caused by phosphomannomutase 2 (PMM2) gene mutations and it is the most common subtype which is inherited autosomal recessively. This disorder disrupts N-linked glycoprotein synthesis, leading to multi-systemic developmental complications affecting neurological, muscular, and metabolic functions.

CASE REPORT

A 5-year-old girl initially presented at the age of six months with global developmental delay and multiple clinical manifestations. Clinical examination revealed profound hypotonia and characteristic facial dysmorphism including a short nose, long philtrum large ears, strabismus and hepatomegaly .Comprehensive metabolic screening was done and genetic testing confirmed a heterozygous pathogenic variant in PMM2 gene which is consistent with CDG type 1a. Additional complications developed while the condition progressed including moderate intellectual disability, recurrent respiratory infections, acute liver failure followed by coagulation abnormalities, chronic myopathy and seizures. As current treatment remains supportive the child is managed conservatively focusing on supportive care, nutritional supplementation, and multidisciplinary intervention to address neurological, hematological and developmental challenges.

DISCUSSION

This case highlights the complex clinical spectrum of CDG-Ia, emphasizing the importance of early diagnosis, comprehensive multidisciplinary management, and genetic counseling. Management should be intensified with worsening neurological symptoms, growth failure, cardiac issues, endocrine problems and abnormal lab values requiring urgent care. While current treatment remains supportive, ongoing research into potential therapeutic interventions offers hope for improved patient outcomes in this rare genetic disorder.

PP 60

HETEROZYGOUS APOLIPOPROTEIN A5 VARIANT CAUSING EARLY-ONSET HYPERTRIGLYCERIDAEMIA IN AN INFANT: A CASE REPORT

WA C M S Wijerathne[1], A J R O Smith[1], L Hettiarachchi[1]
[1]Sirimawo Bandaranayake Specialized Children Hospital, Peradeniya, Sri Lanka

INTRODUCTION

Apolipoprotein A5 (APOA5), encoded by the APOA5 gene on chromosome 11q23, is crucial in triglyceride metabolism through enhancement of lipoprotein lipase activity and reduction of hepatic VLDL-triglyceride production. Variants in APOA5 are associated with familial hypertriglyceridemia, increasing risks of premature atherosclerosis and acute pancreatitis.

CASE REPORT

A 12-month-old term baby boy born to non-consanguineous parents presented with a history of poor weight gain, global developmental delay with dysmorphic features of bulbous nasal tip, broad forehead and triangular face.

He was incidentally found to have lipaemic blood during routine screening. On eye examination, lipaemic vessels were noted. Family history revealed early-onset cardiovascular disease in the maternal grandfather.

Initial laboratory findings showed severely elevated triglyceride level of 3725 mg/dL, total cholesterol level of 270 mg/dL and high-density lipoprotein (HDL) level of 4 mg/dL. He had normal liver and thyroid function tests.

Genetic testing revealed a heterozygous variant in APOA5 gene (c.1131T>C). The patient was treated with Omega three fatty acids, statins and fenofibrates. Two-months follow-up showed reduction in triglycerides to 836 mg/dL. Regular monitoring was established with a multidisciplinary team involvement.

DISCUSSION

This case emphasizes the significance of genetic factors in paediatric hypertriglyceridaemia. Early identification and dietary intervention are crucial for preventing complications such as pancreatitis and cardiovascular disease. Long-term follow-up will be essential to optimize management strategies with the help of genetic counselling as most of the cases are autosomal recessively inherited.

PP 61

MEGALOBLASTIC ANAEMIA IN EARLY INFANCY: A CASE REPORT

A J R O Smith[1], WA C M S Wijerathne[1], J M Nilam[1], M B C N Kulugammana[1], N S Abewardana[1]
[1]Sirimawo Bandaranayake Specialized Children Hospital, Peradeniya, Sri Lanka

INTRODUCTION

Megaloblastic anaemia in early infancy due to vitamin B12 deficiency is a rare condition. Vitamin B12 deficiency in paediatric populations can cause severe neurological and haematological consequences. During exclusive breast-feeding period, the only source of vitamin B12 is breast milk. Maternal dietary practices, such as strict veganism, can significantly impact infant nutritional status due to limited B12 sources. This case report highlights the importance of nutritional counselling and monitoring for infants born to mothers following restrictive dietary regimens.

CASE REPORT

A 6-week-old male infant presented with symptoms of vomiting and poor weight gain. The infant's mother followed a strict vegan diet throughout pregnancy and during breastfeeding, with minimal supplementation. Physical examination revealed pallor and growth retardation.

Laboratory investigations demonstrated haemoglobin of 8 g/dL, mean corpuscular volume (MCV) 100fL, serum vitamin B12 levels less than 60pg/mL of both mother and infant. Peripheral blood smears of both mother and infant revealed characteristic megaloblastic changes. Infant was treated with intramuscular vitamin B12 supplementation and dietary counselling was given to the mother. Follow-up assessment in 3 months after treatments demonstrated normalized haemoglobin and MCV with improvement of growth.

DISCUSSION

This case highlights the critical need for nutritional monitoring and B12 supplementation for mothers following restrictive dietary patterns. Early detection and intervention are crucial in preventing potentially irreversible neurological and haematological complications associated with vitamin B12 deficiency in infants.

PP 62

PSYCHOLOGICAL WELL-BEING OF CHILDREN WITH TRANSFUSION-DEPENDENT BETA THALASSAEMIA AND THEIR CAREGIVERS FOLLOWED UP AT TEACHING HOSPITAL, PERADENIYA, SRI LANKA

D L S Dhananjana[1], **M M Charuka**[1], **M D P H Gunathilake**[1], **Rinchen**[1], **S Senthura**[1], **S Krishnapradeep**[2]

[1]*Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka*

INTRODUCTION

Transfusion-dependent β-thalassaemia is a chronic blood disorder that significantly impacts the psychological well-being of both affected children and their caregivers. While medical complications are well-documented, the mental health aspects remain understudied.

OBJECTIVES

This study aims to assess the prevalence and severity of psychological distress in children with transfusion-dependent β-thalassemia, identify associated risk factors, and evaluate the mental well-being of their caregivers.

METHOD

A cross-sectional study was conducted at Teaching Hospital Peradeniya, Sri Lanka, involving 45 children with β-thalassemia and their caregivers. Psychological well-being was assessed using the Strengths and Difficulties Questionnaire (SDQ) for children and the Depression, Anxiety, and Stress Scale (DASS-21) for caregivers. Socio-demographic and clinical factors were analysed to determine their influence on mental health. Ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Peradeniya.

RESULTS

While most children demonstrated normal psychosocial health, 22.2% exhibited emotional difficulties, and 26.7% experienced peer relationship problems. Psychological distress was more prevalent among children with lower pre-transfusion haemoglobin levels and prolonged hospital stays. In contrast, frequent transfusions and higher maternal education levels were associated with better mental well-being. Among caregivers, normal scores were observed in 44.4% for depression, 45.1% for anxiety, and 56.5% for stress. However, some exhibited moderate to severe symptoms. A significant correlation was identified between child and caregiver mental well-being, emphasizing their interdependence.

CONCLUSIONS

In this study, 22.2% children with transfusion-dependent β-thalassemia exhibited emotional difficulties, and 26.7% experienced peer relationship problems. A significant correlation was identified between child and caregiver mental well-being.

PP 63

CARBAMAZEPINE INDUCED DRESS SYNDROME: A COMPREHENSIVE CASE REPORT

A J R O Smith[1], **WA C M S Wijerathne**[1], **J M Nilam**[1], **M B C N Kulugammana**[1], **N S Abewardana**[1]
[1]*Sirimawo Bandaranayake Specialized Children Hospital, Peradeniya, Sri Lanka*

INTRODUCTION

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) syndrome is a severe, potentially life-threatening adverse drug reaction with significant morbidity, particularly in paediatric populations. This case report describes a 12-year-old male who developed a classic presentation of DRESS syndrome following carbamazepine administration for focal convulsions management.

CASE REPORT

The patient, previously healthy, was prescribed carbamazepine for focal convulsion. Approximately two weeks after initiating treatment, developed a widespread, erythematous maculopapular rash covering approximately 60% of his body surface area. The rash was accompanied by significant pruritus, facial oedema, and systemic symptoms including fever (>38.5 °C), fatigue, conjunctival injection, generalized lymphadenopathy, Hepatomegaly and Splenomegaly lasting for one week duration. Laboratory investigations revealed that lymphocytic leucocytosis, severe eosinophilia, elevated transaminases with increased international normalised ratio. Renal function tests were normal. RegiSCAR score was six which indicated definite diagnosis of DRESS syndrome. Carbamazepine was immediately discontinued and a high dose of antihistamines was added for symptomatic relief. Systemic corticosteroid therapy was started with prednisolone. Supportive care was given with intravenous hydration. The patient showed gradual improvement over two weeks of treatment. Skin lesions began to resolve, facial swelling was reduced, and systemic symptoms subsided. Follow-up at one month revealed complete resolution of all symptoms and signs and normalization of full blood count and liver function tests.

DISCUSSION

This case underscores the critical importance of early recognition, prompt intervention, and systematic management of DRESS syndrome in paediatric patients. It highlights the potential severity of medication-induced hypersensitivity reactions and the necessity for vigilant clinical monitoring during pharmacological treatment.

PP 64

THE SPECTRUM OF ALLERGIC DISEASES AMONG CHILDREN PRESENTING TO A SPECIALIZED ALLERGY CLINIC IN SRI LANKA

Thushali Ranasinghe[1], Inoka Sepali Aberathna[1], Jeewantha Jayamali[1], Harshani Chathurangika[1], Uvini Amarasekera[1], Saubhagya Danasekera[1], Dinuka Ariyaratne[1], Gathsaurie Neelika Malavige[1], Chandima Jeewandara[1]

[1]*Allergy, Immunology and Cell Biology Unit, Department of Immunology and Molecular Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION

Globally and locally non-communicable diseases are on the rise due to a variety of reasons such as urbanization, climate change, and lifestyle factors. Allergic disorders are one of the less highlighted non-communicable diseases although it is estimated to affect up to 30% of the global population and is known to cause a reduced quality of life.

OBJECTIVES

As allergic diseases can cause mild symptoms to life threatening situations and pose a burden that is understudied in the South Asian region as we aimed to describe the spectrum of allergic diseases in children at a specialized allergy clinic in Sri Lanka, over a period of two years.

METHOD

Data were collected from patients presenting to the allergy, immunology and cell biology unit clinic aged between 6 months to 18 years presenting with allergy care related needs over the past 2 years to understand the most common presentations to the clinic. Ethical approval (No, 28/21) was obtained from ERC, Faculty of Medical Sciences, University of Sri Jayewardenepura.

RESULTS

Over the past 2 years, 671 children presented to the clinic. There were 332 first visits and 339 follow up appointments. When analysing the first patient presentation to the clinic, the mean age of presentation was 9.68 years; 168 (50.6%) patients were male. While 234 (70.5%) were referred by a General Practitioner or Specialist, 98 (29.5%) came directly for consultation. The suspected allergic diseases among these patients comprised 163 (49.1%) with food allergy, 122 (36.8%) with asthma, 86 (25.9%) with allergic rhinitis, 78 (23.5%) with anaphylaxis, 64 (19.3%) with chronic urticaria, 55 (16.6%) with drug allergy, 46 (13.9%) with idiopathic allergy, 26 (7.8%) with atopic dermatitis and 24 (7.2%) with other allergies. Of the above, 189 (56.9%) patients presented with more than one allergic disease.

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CONCLUSIONS

The spectrum of allergic diseases seen in children at the specialized allergy clinic was very wide. It is important that patients with allergic diseases are referred for specialised care for early identification and management of the disease for better patient outcomes.

PP 65

MORGAGNI HERNIA PRESENTING AS A MIMIC OF ASTHMA

T I Kodikara Arachchi[1], **A D Abeygunawardena**[1], **W K S I Wanniarachchi**[1]
[1]*Base hospital Homagama*

INTRODUCTION

Retrosternal or foramen of Morgagni hernia is a rare form of congenital diaphragmatic hernia that accounts for 2-6% of all diaphragmatic hernia. There is a diaphragmatic defect, a triangular space between the muscle fibres of the diaphragm that originate from the xiphisternum and the costal margin which insert into central tendon of the diaphragm. This space could accommodate omentum, bowel loops or portions of the liver within the hernial sac. Most of the cases are asymptomatic while symptomatic cases present with chest pain, respiratory symptoms or reflux symptoms.

CASE REPORT

A nine-year-old boy with a past history of asthma presented with acute onset central chest pain. With this acute episode he has developed a dry cough which exacerbated with exercise. He was treated for asthma episodically for the last two years, though there wasn't any history of atopy or positive family history.

Clinically, he was not tachypnoeic and on auscultation air entry was equal with clear lung fields. He was not tachycardic and the other haemodynamic parameters were normal. Initial chest radiograph showed a low-density double shadow in the lower cardiac silhouette. Computed tomography of the chest was done for further evaluation and it revealed herniation of liver into the thoracic cavity on deep inspiration in the central lower chest. Herniated part of the liver was seen in between the anterior chest wall and the heart in the anterior mediastinum via a possible Morgagni hernia. With the radiological diagnosis he was referred for paediatric surgical opinion for further management.

DISCUSSION

Morgagni hernia is a rare form of congenital diaphragmatic hernia where most patients are asymptomatic. Symptomatic patients can be easily overlooked due to the nonspecific nature. As such, in children who present with an atypical history of asthma, rare surgical conditions like this should be considered as differential diagnosis.

PP 66

CASE SERIES OF MANAGEMENT OF HAEMODYNAMICALLY SIGNIFICANT PATENT DUCTUS ARTERIOSUS IN PRETERM NEONATES USING A COMBINATION OF PARACETAMOL AND IBUPROFEN THERAPY

M H S M Hassan[1], **A Mohideen**[1], **B M De Silva**[1], **H M S Y Herath**[1]
[1]*Teaching Hospital Badulla, Sri Lanka*

INTRODUCTION

Haemodynamically significant Patent Ductus Arteriosus (hsPDA) in preterm neonates can lead to significant morbidity if not effectively managed. Studies on the use of combination therapy for a patient with persistent hsPDA has had different conclusions. This case series demonstrates three preterm neonates with hsPDA managed successfully using a combination of paracetamol and ibuprofen.

CASE REPORTS

Case 1

A male preterm neonate, born at 28 weeks (W) gestation with a birth weight (BW) of 1 kg, presented with a hsPDA diagnosed via echocardiography on day 5. Initial treatment with intravenous (IV) paracetamol (15 mg/kg/6 hourly) was administered for 5 days, but the hsPDA remained patent. Subsequently, a second cycle with oral ibuprofen (10 mg/kg followed by 5 mg/kg/24 hourly for total three days) was initiated, which also failed to close the ductus. Finally, the combined therapy was given for three days.

Case 2

A female preterm neonate, born at 29W of gestation with a BW of 1.2 kg, was diagnosed with a hsPDA on day 6. Initial management with IV paracetamol for 5 days did not achieve closure. A second cycle with combined therapy was then administered.

Case 3

A male preterm neonate, born at 27W gestation with a BW of 800g, was diagnosed with hsPDA on day 5. Despite 5 days of IV paracetamol therapy, the PDA remained open. A second cycle of combined therapy was given.

All three neonates were clinically and biochemically observed for adverse effects and none were noted. Fluid therapy was restricted to 120-130 ml/kg/day. Renal functions were normal. Echocardiography confirmed closure of the hsPDA after combined therapy.

DISCUSSION

These cases highlight the efficacy of combined therapy in hsPDA in preterm neonates by inhibition of the prostaglandin synthesis pathway through different enzymes. We need randomised control trials to establish the efficacy of this combined therapy

PP 67

HAND FOOT AND MOUTH DISEASE WITH NEUROLOGICAL INVOLVEMENT : INSIGHTS FROM FOUR CASES

T I Kodikara Arachchi[1], **S Krishnapradeep**[2]
[1]*Teaching Hospital Peradeniya, Sri Lanka,* [2]*University of Peradeniya, Sri Lanka*

INTRODUCTION

Hand foot and mouth disease (HFMD) is an infectious disease caused by highly contagious human enteroviruses species A. It is predominantly caused by enterovirus 71 (EV71) and coxsackie virus A16. The disease is characterized by a brief febrile illness and a typical vesicular rash involving palms, soles and oral mucosa. Although polymerase chain reaction (PCR) assay is available for the confirmation, most of the time diagnosis is made clinically. Despite the fact that the vast majority of cases are self-limiting, significant infections may culminate in neurological sequelae, resulting in aseptic meningitis, encephalitis and acute flaccid paralysis.

CASE REPORTS

Here we report four cases (from age 2 to 8 years) of HFMD with neurological involvement who presented to our unit from December 2023 to May 2024. All 4 cases had a preceding history of fever followed by the characteristic vesicular rash. They all developed neurological complications within 7 days from onset of the disease, including headache, vomiting, slurring of speech, diplopia and ataxia.

Basic investigations showed neutrophil leucocytosis in 3 patients and other inflammatory markers were negative. Out of them three patients had undergone magnetic resonance imaging (MRI) of brain and no abnormalities were detected. Two patients who had undergone electroencephalography (EEG) showed features of encephalitis.

Neurological condition of three patients gradually improved over 2 weeks with antivirals and supportive management. One patient who had residual neurological manifestations required intravenous immunoglobulin. None of the patients progressed to autonomic dysregulation or cardio-pulmonary failure including pulmonary oedema.

DISCUSSION

Even though HFMD is a common illness seen in day-to-day clinical practice, data regarding descriptive epidemiology and clinical picture is less in countries outside the western-pacific region. Early detection of severe disease by identifying risk factors including persistent high-grade fever, myoclonus, lassitude and vomiting, tachycardia with features of autonomic involvement, hyperglycaemia and peripheral leucocytosis is crucial in management of HFMD with neurological complications.

PP 68

PERIODIC FEVER, APHTHOUS STOMATITIS, PHARYNGITIS, ADENITIS (PFAPA) SYNDROME: A CASE REPORT

Lushan Perera[1]
Base Hospital Balangoda

INTRODUCTION

The syndrome of periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA syndrome) is the most common cause of periodic fever in children. It is a complex autoinflammatory disease. As recurrent fever is frequent during childhood due to infectious aetiologies with similar presentations, diagnosis of PFAPA syndrome can be easily missed.

CASE REPORT

A 5 year 8 months old girl presented with complain of fever for two days with sore throat, whitish discoloration of the tongue and tender nodules in the cervical region. The child was born to consanguineous parents (second degree) following an uncomplicated antenatal and perinatal period. She had similar febrile episodes recurring once in two to four weeks, starting around two years of age. The child was healthy between episodes and showed normal growth and development. There was no family history of significant illnesses.

Examination of the girl revealed multiple, painful enlarged cervical lymph nodes with inflamed pharynx with aphthous stomatitis. Other systems were clinically normal. Full blood count was within normal limits. However, C-reactive protein was very high (222.1 mg/L) with high erythrocyte sedimentation rate (43mm/1st hour). Further, the throat swab revealed negative results.

With high suspicion of PFAPA syndrome, she was treated with a single dose of prednisolone, (1mg/kg) with dramatic improvement of fever and other symptoms within the first 24 hours. Later, she was commenced on colchicine as prophylaxis which led to reduction of the severity of episodes, but not the frequency.

DISCUSSION

PFAPA syndrome is a relatively common condition in childhood, with benign and self-limiting course. Treatment with a single dose of prednisolone is effective in controlling symptoms. Colchicine may be an interesting prophylactic option for patients with frequent episodes. Tonsillectomy should be reserved for selected patients, refractory to medical treatment.

PP 69

FEEDING AND DEVELOPMENTAL STATUS OF NEWBORNS AT DISCHARGE IN SELECTED NICUS IN GALLE, SRI LANKA

P K T P Palihawatta[1], Erandima Sandamali[1], Kapilani Withanarachchi[2], Bimba Wickramarachchi[1]
[1]*Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka,* [2]*National Hospital Galle, Sri Lanka*

INTRODUCTION

Neonatal Intensive Care Unit (NICU) admissions are often associated with prematurity and low birth weight. Studying feeding patterns and developmental status at discharge is crucial for optimizing post-discharge care and long-term outcomes.

OBJECTIVES

To assess the feeding patterns and developmental status of newborns at discharge from selected NICUs in Galle, Sri Lanka.

METHOD

A cross-sectional study was conducted among 104 newborns admitted to selected NICUs in Galle, using a questionnaire guide. Data on feeding patterns and developmental status were collected through hospital records and analyzed using descriptive statistics. Ethical approval was obtained from Ethics Review Committee, Faculty of Allied Health Sciences, University of Ruhuna (Ref No: 2024.10.476).

RESULTS

The majority were preterm (67.3%, n = 70), with a mean gestational age of 34 ± 3.7 weeks. Average NICU stay was 13 ± 14 days; 63.5% (n=66) were transferred to a ward, 34.6% (n=36) to the Mother Baby Unit and 1.9% (n=2) were discharged home after NICU management. At discharge, 97.1% (n= 101) were given breast-milk for feeding. Among total sample, 1% (n=1) were bottle-fed, 2.9% (n=3) spoon-fed, 16.3% (n=17) tube-fed, 50% (n=52) cup-fed, and 63.5% (n=66) were fed through oral sucking. However, 17.3% (n=18) showed poor sucking and 12.5% (n=13) showed poor attachment at discharge. The mean discharge weight was 2.020 ± 0.707 kg. Developmental status of majority was appropriate for age: cognitive (92.3%), motor (95.2%), psychosocial (94.2%) and communication and language (91.3.%).

CONCLUSIONS

A significant proportion of newborns admitted were preterm and had feeding difficulties at discharge, requiring continued post-discharge follow-up. Despite prematurity and critical condition, most newborns showed appropriate developmental status for their age.

PP 70

FACTORS ASSOCIATED WITH KNOWLEDGE AND ATTITUDES REGARDING NEONATAL JAUNDICE AMONG PRIMIGRAVIDA MOTHERS ATTENDING ANTENATAL CLINICS AT A SELECTED TERTIARY CARE HOSPITAL IN COLOMBO SRI LANKA

J S D Senadeera[1], **S Sasiban**[1], **D G K Sathsarani**[1], **S S Ahamed**[1], **I Karunathilake**[1]
[1]*Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION
Neonatal jaundice accounts for nearly 75% of hospital readmissions in the first week of life worldwide and is an important contributor to neonatal morbidity and mortality. As the primary caregiver of the newborn, mothers play a vital role in early detection and prompt action to seek medical care.

Objectives
To identify the factors associated with the knowledge and attitudes regarding neonatal jaundice among primigravida mothers attending antenatal clinics at a selected tertiary care hospital in Colombo.

Method
A descriptive cross-sectional study was carried out among primigravida mothers visiting antenatal clinics at Castle Street Hospital for Women. 123 mothers were consecutively sampled utilizing an expert-validated, interviewer-administered questionnaire. Ethical clearance was obtained from Castle Street Hospital for Women (No. ERC/337/05/2024) and from the Faculty of Medicine, University of Colombo (No. ERC - MFC/AL/2020/2169).

Results
Only 39.8% (n=49) displayed good knowledge while 87%(n=107) had good attitudes regarding neonatal jaundice. Factors associated with better knowledge were Sinhala ethnicity, ability to speak or read Sinhala, education level above O/Ls, rural residence, and receiving advice regarding neonatal jaundice in Antenatal classes ($p<0.05$). A moderate positive linear correlation was found between knowledge and attitudes ($r=0.502$, $p<0.01$).

Conclusions
The majority had good attitudes but poor knowledge regarding neonatal jaundice. Several misconceptions regarding the severity and treatment, such as keeping the child in sunlight, were identified which could delay proper treatment.

PP 71

A GENETICALLY CONFIRMED CASE OF SIALURIA IN A SRI LANKAN BOY WHO PRESENTED WITH DEVELOPMENTAL DELAY AND HEARING IMPAIRMENT

W K Gayan Hemantha[1], **Annuruddha Padeniya**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Sialuria is a rare autosomal dominant disorder with only few cases reported worldwide. It is an inborn error of metabolism characterized by cytoplasmic accumulation and urinary excretion of gram quantities of free sialic acid. This is due to failure of feedback inhibition of the rate-limiting enzyme in the sialic acid synthesis pathway, UDP-*N*-acetylglucosamine 2-epimerase/*N*-acetylmannosamine kinase (GNE/MNK). Here we present a rare case of a boy diagnosed with Sialuria.

CASE REPORT

The patient is a 7-year-old boy who was under evaluation for developmental delay and hearing impairment. He was the 1st born child to non-consanguineous parents. There is a strong family history of late onset sensory neural hearing loss on his paternal side. He was born by normal vaginal delivery at term with a birth weight of 3.8kg with uncomplicated antenatal and perinatal periods. He had neonatal jaundice and needed phototherapy for 5 days.

He had global developmental delay, but he slowly achieved milestones and his current gross motor function classification system (GMFCS) is 1. There were no concerns about his growth but he had microcephaly. He had clinical features compatible with the diagnosis of Sialuria such as coarse facial features, prominent forehead, long smooth philtrum, low set ears, broad nasal bridge and thin upper lip, small chest with hypoplastic nipples, protuberant abdomen and hepatomegaly. He did not have seizures, attention deficit or features of autism spectrum disorder. His neuroimaging was normal and thyroid stimulating hormone level was normal. Genetic studies were performed with exome sequencing and revealed a heterozygous pathogenic variant in GNE gene associated with Sialuria.

DISCUSSION

Sialuria is a rare autosomal dominant disorder which can present with specific clinical features and neurological symptoms. A high degree of suspicion with consistent clinical features and genetic studies enabled us to diagnose this rare disease entity.

PP 72

ANCA-POSITIVE GLOMERULONEPHRITIS DUE TO LEVAMISOLE THERAPY IN CHILDHOOD NEPHROTIC SYNDROME: A CASE SERIES

Dinesh Rangana[1], **Sulochana Wijetunge**[2], **Lasanthi Weerasooriya**[3], **Asiri Abeyagunawardena**[4], **Shenal Thalgahagoda**[4]

[1]*Teaching Hospital Anuradhapura, Sri Lanka,* [2]*Department of Pathology, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [3]*Teaching Hospital Kurunegala, Sri Lanka,* [4]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION

Levamisole is a steroid sparing agent used in the treatment of steroid dependent and frequently relapsing nephrotic syndrome. It is used in combination with low dose prednisolone or as monotherapy. Though generally being a safe medication levamisole is known to cause rare systemic side effects like antineutrophil cytoplasmic antibody (ANCA) positive cutaneous vasculitis.

CASE REPORTS

Three children (aged 8–13 years) with steroid-dependent nephrotic syndrome on long-term levamisole (3–6 years) developed ANCA-positive glomerulonephritis.

Case 1: An 8-year-old girl presented with bilateral knee arthralgia and lower limb rash. Renal biopsy demonstrated focal segmental necrotizing glomerulonephritis (3/18 glomeruli).

Case 2: A 13-year-old boy with isolated arthralgia (1-month duration) exhibited segmental necrotizing lesions (5/8 glomeruli) with endocapillary proliferation and karyorrhexis.

Case 3: A 9-year-old boy reported bilateral knee and wrist pain. Biopsy revealed segmental necrotizing lesions (3/18 glomeruli).

All patients had normal complement levels (C3, C4) and lacked crescents or global glomerular involvement.

Levamisole was omitted on admission. All of them were treated with immunosuppressive therapy consisting of intravenous methylprednisolone followed by oral prednisolone as well as monthly six pulses of intravenous cyclophosphamide. Their urinalysis was completely normalized during follow up.

DISCUSSION

Though rare, levamisole-induced ANCA-positive glomerulonephritis necessitates heightened clinical suspicion in children on prolonged therapy. Early renal biopsy, discontinuation of levamisole, and timely immunosuppression are critical to mitigate renal damage. This series underscores the importance of monitoring for vasculitic complications in resource-limited settings where levamisole remains widely used.

PP 73

A CLINICAL AND MOLECULAR STUDY OF VAN DER WOUDE SYNDROME AMONG A COHORT OF AFFECTED PATIENTS ATTENDING THE MULTIDISCIPLINARY CLEFT CLINIC, LADY RIDGEWAY HOSPITAL FOR CHILDREN, COLOMBO

Thushara Priyawansha[1], D De Silva[2], Surangi Yasawardene[3], HP Sandeepani[2], Romesh Gunasekara[4], Malka Jayathilaka[4]

[1]*Department of Anatomy, Genetics & Biomedical Informatics, University of Colombo, Sri Lanka,* [2]*Department of physiology, University of Kelaniya, Sri Lanka,* [3]*Department of Anatomy, University of Sri Jayawardenepura, Sri Lanka,* [4]*Lady Ridgway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

IRF6-related conditions, spread from milder form of isolated cleft lip and palate and Van der Woude Syndrome (VWS) to the severe form, popliteal pterygium syndrome (PPS). Craniofacial features overlap in non-syndromic orofacial clefting, VWS and mildly phenotypical PPS making clinical dilemmas.

OBJECTIVES

This study was designed to identify pathogenic variants of IRF6 gene in a selected group of patients by targeted exons sequencing and comparing them with global findings. Phenotypic assessment of the VWS diagnosed cases was another objective.

METHOD

The cohort was selected from Lady Ridgeway Hospital in Colombo. Individuals with cleft lip or palate and bilateral paramedian lower lip fistulae were recruited for the study. Candidates underwent molecular analysis for pre-determined target exons. Widely accepted tools identified the variants and the pathogenicity, and the genotype - phenotype correlation was assessed.

RESULTS

There were 60% (n=6) females and 40% (n=4) males and all had lower lip pit; 70% (n=7) of them had pathogenic/likely pathogenic single nucleotide missense variants. Other variant types were not identified in any sample. The exons 3, 4 and 7 harbour all reported variants out of the six target exons. Three samples, and other target exons did not show any variant. In the cohort 90% (n=9) had cleft lip, 70% (n=7) had cleft palate while 60% (n=6) had both cleft lip and palate since birth. Two had fathers with clinical findings.

CONCLUSIONS

Precise molecular diagnosis of VWS (IRF6 gene related conditions) provides the family and the physician an understanding of the aetiology of cleft lip and/palate among significant number of causalities for this phenotype. Accordingly, family counselling and reproductive planning will be supported. The study results show a cost-effective strategy for designing testing protocol for monogenic conditions in the clinical service by focusing on the most common target exons as a starting point.

PP 74

HYPERTENSIVE ENCEPHALOPATHY WITH ACUTE HYDROCEPHALUS IN A CHILD WITH UNDIAGNOSED NEUROFIBROMATOSIS TYPE 1 AND RENAL ARTERY STENOSIS

K M Dinusha Fernando[1], **E D Kasun N Ariyarathna**[1], **M Rakhitha R Munasinghe**[1], **Deshan Adihetty**[1], **Nalin C Kitulwatta**[1]
[1]*Medical Intensive Care Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Neurofibromatosis type 1 (NF1) is a common neurocutaneous disorder with multisystem involvement, often underdiagnosed in early childhood. Renovascular hypertension, primarily due to renal artery stenosis, is a rare but serious complication. Uncontrolled hypertension can lead to hypertensive encephalopathy, a neurological emergency, and in rare cases, contribute to acute hydrocephalus.

CASE REPORT

A previously well 7-year-old child was admitted following an afebrile seizure, with a two-week history of headache and blurred vision. At presentation, he was found to have severe hypertension, prompting further evaluation. Imaging revealed dilated bilateral lateral and third ventricles with a normal fourth ventricle, suggestive of acute obstructive hydrocephalus. He underwent neurosurgical intervention with ventriculo-peritoneal (VP) shunt insertion. Computed tomography (CT) angiography and digital subtraction angiography (DSA) confirmed right-sided renal artery stenosis.

Clinical examination revealed more than six café-au-lait macules (>5 mm), with a positive family history in the father. However, there were no associated neurofibromas, plexiform neurofibromas, axillary/inguinal freckling, optic glioma, Lisch nodules, or distinctive osseous lesions. Cognitive development was age-appropriate. The diagnosis of NF1 was made based on National Institute of Health (NIH) criteria.

Hypertension was initially managed with intravenous labetalol, followed by oral antihypertensives. The child was referred for renal and surgical follow-up, with plans for long-term monitoring. Surveillance includes regular blood pressure monitoring, annual ophthalmologic evaluations, physical assessments, and tumor screening.

DISCUSSION

This case highlights the importance of considering NF1 in children presenting with hypertensive encephalopathy and renovascular hypertension. Early recognition and multidisciplinary management are essential to prevent long-term complications.

PP 75

TRANSIENT HYPERTENSION CONCURRENTLY EXISTING WITH FEBRILE STATUS EPILEPTICUS IN A PREVIOUSLY WELL CHILD: AN INCIDENTAL FINDING

K N T Perera[1], **P Prasanna**[1], **C P Gunaweera**[1], **A Piyatissa**[1]
[1]*Paediatric Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

INTRODUCTION

Hypertension during a seizure is an expected finding due to the activation of the sympathetic system. However, after the seizure is treated appropriately, the hypertension should settle which was not the case in this clinical scenario. A transient hypertension developed in this child which took approximately 1 month to resolve along with the necessary medication which was weaned off. No secondary cause was identified.

CASE REPORT

A 11-month-old baby presented to the hospital with a history of fever for one day duration along with a seizure which was ongoing. Blood pressure was above the 99th centile during the seizure which was attributed to the seizure as the child was previously well. He went into febrile status epilepticus requiring a midazolam infusion and was intubated and transferred to the medical intensive care unit. The seizure settled with a low dose midazolam infusion without any particular intervention involving the pressure. He was successfully extubated. Throughout the hospital stay the child had high pressure above the 99th centile but with no end organ damage. Neurological examination was normal. He required two anti-hypertensive drugs, prazosin and nifedipine and their optimal doses were given and then weaned off following the control of the blood pressure. A secondary cause for the hypertension was sought out and an endocrinology referral was made. However, a substantial secondary cause was not established as the second line investigations were all normal. The hypertension settled in approximately one month. The child is thriving well.

DISCUSSION

Transient hypertension is a finding that can exist along with febrile status epilepticus in a previously well child. Acute management of the seizure triumphs the management of the hypertension in the acute setting. No end organ damage was noted. The hypertension settles in a month or so with an appropriate treatment regimen.

PP 76

SIBLINGS WITH ALAGILLE SYNDROME: WITH UNIFORM CARDIAC ANOMALIES

W A Y A Wickramaarachchi[1], **D A Dharmaratne**[1], **R Sathanandarajah**[1]
[1]*Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

INTRODUCTION

Alagille syndrome (ALGS), first described by Watson and Alagille, is an autosomal dominant multisystem disorder with variable expressivity, primarily associated with JAG1 and NOTCH2 mutations. The five cardinal features are chronic cholestasis, characteristic facial anomalies, posterior embryotoxon, vertebral arch defects, and cardiovascular malformations. A diagnosis requires three or more features or single feature with an affected sibling. Having all features is considered syndromic, while four or fewer features are classified as incomplete or partial forms. The incidence is approximately 1 in 30,000, with severe morbidity and mortality of 10–20%. Complex congenital heart defects contribute significantly to neonatal mortality, while liver failure cause later morbidity and mortality.

CASE REPORT

A baby girl, born at 36+6 weeks of gestation with a birth weight of 2 kg, required immediate respiratory support and could not maintain oxygen saturation above 90% on room air. Echocardiography revealed tetralogy of Fallot with pulmonary atresia, severely hypoplastic branch pulmonary arteries, and major aortopulmonary collateral arteries (MAPCAs)**.** She exhibited deep-set eyes, moderate hypertelorism, a pointed chin, and a saddle nose with a bulbous tip**,** suggestive of ALGS. She has a living five-year-old sibling with similar facial features but no other abnormalities. Another female sibling, had the exact same congenital heart defect, facial characteristics, and cholestatic jaundice but succumbed at two months of age.

DISCUSSION

Although genetic testing was not performed in this family, clinical presentation strongly supports the diagnosis of ALGS. Despite both parents being phenotypically normal, mosaicism for a 20p microdeletion has been reported in unaffected carriers. The clinical feature with the highest penetrance was the characteristic facies of ALGS, occurring almost universally in mutation-positive probands and relatives. This case highlights the significance of recognizing syndromic features in siblings with identical congenital anomalies for early diagnosis and management.

PP 77

ACCIDENTAL INGESTION OF KEROSENE OIL LEADING TO SEVERE ANGIOEDEMA AND ORAL ULCERS: A RARE CLINICAL PRESENTATION

K N T Perera[1], **P Prasanna**[1], **C P Gunaweera**[1], **A Piyatissa**[1]
[1]*Paediatric Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

INTRODUCTION

Kerosene oil ingestion by accident is a common problem in Sri Lanka due to the poor placement of the kerosene oil containers. Gastrointestinal and respiratory system related symptoms are the common clinical manifestations. Only one previous case report is present regarding angioedema following ingestion of kerosene oil which was an intentional ingestion and a significant amount in an adult In India

CASE REPORT

This 8-month-old boy presented to the Accident and Emergency following the accidental ingestion of kerosene oil. Following the incident, he had developed a sudden onset angioedema of his lips and tongue with some degree of blood oozing from his lips suggestive of oral ulcers. There was no significant past medical history or any history of any drug ingestion or allergies. He was clinically stable and did not develop any urticarial rashes or shortness of breath. No family history of angioedema was noted. We attributed the angioedema and oral ulcers to the kerosene oil ingestion and following the appropriate treatment the angioedema and ulcers settled.

DISCUSSION

There had been only one documented case of angioedema following the ingestion of Kerosene oil. That case was due to a deliberate ingestion by an elderly man in India. Angioedema and the presence of oral ulcers is a possible presentation following the ingestion of kerosene oil which should not be attributed to a possible allergy or other cause. A relative benign finding if the appropriate treatment is initiated on time.

PP 78

A CASE OF ACUTE NECROTIZING ENCEPHALOPATHY FOLLOWING INFLUENZA-A, LEADING TO RAPID NEUROLOGICAL DETERIORATION AND COMPLICATED WITH BILATERAL OPTIC ATROPHY, CEREBRAL SALT WASTING AND AUTONOMIC HYPERTENSION

T D N Warnasuriya[1], **Sahani Dias**[1], **B S Liyanage**[1], **C L Chandanayake**[1], **K R Lankapriya**[2], **M I Jayarathne**[1], **Samantha Deshapriya**[2], **Pradeep Gamage**[2], **Harshani Dharmawardhana**[1], **U B Liyanage**[1]

[1]*Paediatric Department, National Hospital, Galle, Sri Lanka,* [2]*Paediatric Intensive Care Unit, National Hospital, Galle, Sri Lanka*

INTRODUCTION

Acute necrotizing encephalopathy of childhood (ANEC) is a rare complication of influenza and other viral infections and has been related to intracranial cytokine storm, which results in breach in blood–brain barrier leading to encephalitis like presentation. The condition accompanies a poor prognosis with high morbidity and mortality rates.

CASE REPORT

A 4-year and 6-month-old previously well girl presented with on and off fever for 10 days. She had loose stools, vomiting and cough for one week duration. On admission, she was haemodynamically stable and other system examinations were normal. Her inflammatory markers and other basic investigations were normal. She was otherwise well and active until day 2 of admission when she developed a generalized tonic clonic convulsion. She was persistently drowsy and developed abnormal and repetitive hand movements. She developed a profuse watery diarrhoea. Her neurological deterioration was rapid, the Glasgow coma scale (GCS) score dropped rapidly and she needed intubation and mechanical ventilation. She was started on immune therapy with intravenous immunoglobulin, tocilizumab, methylprednisolone pulses and 5 cycles of total plasma exchange.

Magnetic resonance imaging (MRI) of brain showed asymmetrical abnormal signal intensity areas in bilateral thalami with involvement of bilateral posterior limb of internal capsule and brain stem suggestive of acute disseminating necrotizing encephalitis. Nasopharyngeal aspirate for influenza PCR was positive for Influenza A.

Her condition was complicated with cerebral salt wasting and intermittent hypertension due to autonomic instability. She had on going intermittent fever and had candidaemia. She developed bilateral optic atrophy.

DISCUSSION

Our case was a previously healthy child whose disease initiated with high fever, seizures, and rapid neurologic disturbances. Early diagnosis with high degree of suspicion allowed us for early treatment with immunotherapy.

PP 80

ASSESSMENT OF PERCEPTION AND EXPERIENCE IN CHILD PROTECTION AND ITS ASSOCIATED FACTORS AMONG MEDICAL OFFICERS INVOLVED IN PAEDIATRIC CARE: A MULTICENTRE CROSS-SECTIONAL STUDY, SRI LANKA

Sadani Vithana[1], **I L A N Darshana**[2], **M G U Sampath**[1], **Imalke Kankananarachchi**[3]

[1]*Department of Paediatrics, Faculty of Medicine, Sabaragamuwa University of Sri Lanka,* [2]*Department of Community Medicine, Faculty of Medicine, University of Ruhuna, Sri Lanka,* [3]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Child safeguarding is critical in healthcare, with medical officers playing a vital role in identifying abuse. Despite rising cases in Sri Lanka, traditional norms and inadequate training affect responses.

OBJECTIVES

This study addresses knowledge gaps by examining medical officers' perceptions and experiences, potentially informing evidence-based policies and targeted training programs.

METHOD

A three-month multicentre cross-sectional study surveyed 253 middle-grade medical officers involved in paediatric care across the country. Data collected via Google Forms was analysed using SPSS v20 with descriptive statistics and Chi-square tests to examine associations between demographic factors and child safeguarding perceptions/experiences at 0.05 significance level.

Ethical Approval was granted from ERC, Faculty of Medicine, SUSL (ERC/FOM-SUSL/D 05-10-23)

RESULTS

A total of 253 doctors participated, with the majority (49%, n = 129) being medical officers. More than 76.7% had worked in paediatrics for over a year, and 51.5% were based in general paediatric units. Nearly 89.7% of doctors encountered at least one case of child maltreatment during their practice, while 69.6% had managed a case within the past year. Although over 70% expressed confidence in recording and reporting child maltreatment, only 31.1% had received formal training on the subject. Just over half of the participants reported adhering to the National Guideline for the Management of Child Abuse and Neglect. The main challenges in managing child maltreatment cases included inadequate knowledge (41.9%), lack of experience (54.1%), and uncertainty in diagnosis (41.9%). Encouragingly, over 95% of doctors expressed a desire for training on managing and reporting child maltreatment.

CONCLUSIONS

This study highlighted the need for regular training for doctors working with children to enhance their knowledge and skills in identifying and managing child maltreatment.

PP 80

TINY PATIENT, BIG LESION: UNMASKING A FRONTAL EMBRYONAL TUMOUR AT BIRTH

K A C Kumari[1]
[1]*Teaching Hospital Kandy, Sri Lanka*

INTRODUCTION

Brain tumours during neonatal period are quite rare. Common types of brain tumours are teratomas, astrocytomas and primitive neuroectodermal tumors. Most embryonal tumours tend to grow rapidly and spread to other areas of the brain. Clinical features depend on the type, site, size and location of the tumour.

CASE REPORT

A newborn baby was transferred from a local hospital to a tertiary care center on the 10th day of life following convulsions that began on day 2. The baby was the first child from a non-consanguineous marriage, born at term baby with a birth weight of 3.35 kg. There were no antenatal complications aside from a maternal urinary tract infection prior to delivery.

At the local hospital, the convulsions were managed with several anticonvulsants, but could not be completely controlled. Serum electrolytes, calcium and magnesium levels were normal. Baby was treated as meningitis and both blood and cerebrospinal fluid cultures returned negative results. Electroencephalography (EEG) was performed and showed normal findings.

A brain ultrasound revealed a heterogeneous hyperechoic region in the right anterior frontal area. The baby underwent a right frontal mini-craniectomy and evacuation of frontal mass, which was suspected to be a hemorrhage. During the procedure, samples were sent for histology.

Frozen sections revealed a high-grade tumour with a high mitotic index, and histology confirmed a diagnosis of poorly differentiated malignancy. After consultations with pathologists and paediatric oncologists, the final diagnosis was made as an embryonic carcinoma. Due to poor prognosis, it was decided to pursue palliative care.

DISCUSSION

Although rare, brain tumours can develop in neonates and should be considered as a differential diagnosis when a newborn presents with convulsions.

PP 81

A RARE DIAGNOSIS FOR GENERALIZED LYMPHADENOPATHY AND EOSINOPHILIA: KIMURA DISEASE

K A C Kumari, AI Fonseka, GUN Dias
[1]*Teaching Hospital, Kuliyapitiya, Sri Lanka*

INTRODUCTION

Kimura disease is a rare chronic inflammatory disorder of unknown aetiology primarily seen among young Asian males. It classically presents with painless subcutaneous masses or lymphadenopathy involving head and neck region accompanied by eosinophilia and elevated IgE.

CASE REPORT

A previously healthy 13-year-old boy presented with bilateral painless, gradually enlarging cervical lymph nodes for 3 months duration. There was no history of fever or weight loss. Physical examination revealed firm left-sided posterior cervical lymph nodes and shotty generalized lymph nodes, with no overlying skin changes.

Investigations revealed leucocytosis (11,510 cells) with eosinophilia (37% eosinophil, absolute count: 3730 cells) and the two other cell lines were normal. The blood picture did not reveal any abnormal cells. Mycobacterium tuberculosis testing was negative. Unfortunately, we were unable to arrange testing for toxoplasma antibodies. Renal function tests and other end organ involvement were negative.

An ultrasound scan of the neck revealed multiple cervical lymph nodes at various levels, predominantly on the left side, with the largest measuring 8.7 x 20 mm with no intra-abdominal lymphadenopathy or organomegaly.

The histopathology report revealed lymph nodes exhibiting hyperplastic follicles with germinal centres, folliculolysis, expansion of interfollicular areas with eosinophil, eosinophilic micro-abscesses and interfollicular vascular proliferation.

The patient was followed up for 3 months and lymph node size gradually reduced. Eosinophilia subsided to 650 cells/microlitre. Patient is on clinic follow up for organ involvement screening and recurrence assessment.

DISCUSSION

This case illustrates importance of considering Kimura disease when a child presenting with persistent lymphadenopathy, eosinophilia and elevated IgE. Histopathology is the gold standard of diagnosis. Some cases resolve spontaneously. However, long term follow up is necessary to monitor organ involvement and relapse.

PP 82

PROBABLE CASE OF AUTOSOMAL DOMINANT MYOTONIA CONGENITA (THOMPSEN DISEASE)

B Bavanandan[1], **A Wanasinghe**[2], **J W Wanigasinghe**[3], **B S N Senanayake**[1]
[1]*National Hospital, Sri Lanka,* [2]*Provincial General Hospital, Badulla, Sri Lanka,* [3]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Myotonia refers to the inability of the skeletal muscle to relax after voluntary contraction. It is characterized by continuous active contraction or stiffness of a muscle even after the cessation of voluntary effort. This symptom occurs in dystrophic and non-dystrophic muscle disorders. Non dystrophic myotonias are skeletal muscle channelopathies involving chloride or sodium channels characterized by electro physiologically altered membrane excitability. Myotonia congenita (MC) is a rare muscle channelopathy characterized clinically by myotonia after a period of rest, muscle hypertrophy especially in the extremities and facial region, relaxation after initial slow movements (warm up phenomenon)

CASE REPORT

A 4 ½ year old boy presented to neurology clinic with a history of increased body stiffness for 3 weeks duration. It was noted that his movements were very stiff and he appeared too muscular (Herculean build) for his age. Further inquiry revealed that he had started developing muscular hypertrophy since infancy. It was associated with painless generalized muscle stiffness and slow initiation of movements which was worse after a period of rest. Stiffness and slow progression of movements often gradually subsided following initiation of an activity

He was born to healthy non-consanguineous parents and had no family history of similar problem. He was then evaluated for stiffness, abnormal movements and poor feeding since the age of 1 month. He was managed for possible primary dystonia or Sandifer syndrome symptomatically.

Serum creatine kinase was normal. Electromyography (EMG) showed myotonic discharges with waxing and waning amplitude and frequency of potentials typified by a characteristic sound (Dive-Bomber pattern). However, genetic confirmation of possible CLCN1 gene deletion is awaited.

DISCUSSION

Rare genetic diseases like Myotonia Congenita may present with stiffness or movement disorder during infancy. High index of suspicion and picking up the myotonia and muscular hypertrophy during follow up yield in early diagnosis.

PP 83

A CASE OF RECURRENT HERNIAS FROM BIRTH TO ADOLESCENCE: CLINICALLY DIAGNOSED EHLERS-DANLOS SYNDROME

P M J Gallage[1], H R S A Jayasundara[1], N S Madurapperuma[1], K S Peiris[1], M M S Priyadarshani[1], C P Udagedara[1], S S Weerarathne[1], T V Wijewickreme[1]
[1]*Base Hospital Kanthale, Sri Lanka*

INTRODUCTION

Ehlers-Danlos Syndrome (EDS) represents a heterogeneous group of heritable connective tissue disorders characterized by joint hypermobility, skin hyperextensibility, and tissue fragility. It results from genetic mutations affecting collagen synthesis. The prevalence is 1 in 5,000 individuals globally, with varying clinical manifestations across its different types. EDS is known for its multisystem involvement, including gastrointestinal complications, which can lead to significant morbidity. Other systemic manifestations include recurrent hernias, easy bruising, poor wound healing, and joint instability.

CASE REPORT

A 13-year-old girl presented to us with coffee ground vomiting in the background history of chronic gastritis. She was born to second-degree consanguineous parents and is the third child in the family. Physical examination revealed a tall stature, scoliosis, multiple keloid scars, and skin characterized as sagging, doughy, and fragile. Joint assessment demonstrated hypermobility with a Beighton score of 6/10. Her elder brother had the same appearance.

Her past history was significant for multiple surgical interventions since her birth, including:

- Diaphragmatic hernia repair with subsequent recurrence
- Bilateral recurrent inguinal hernias
- Multiple incisional hernias
- Hiatal hernia with recurrence
- Humeral fracture

Clinical diagnosis of Ehlers-Danlos syndrome was made after excluding other possible connective tissue disorders; we are awaiting skin biopsy and genetic studies.

DISCUSSION

Our patient had clinical features highly suggestive of Ehlers-Danlos Syndrome, particularly the hypermobile or classical types. The patient demonstrates key features including joint hypermobility, skin abnormalities, tissue fragility, and abnormal wound healing. The recurrent hernias at multiple sites represent a classic manifestation of defective collagen formation and tissue integrity. Gastrointestinal involvement with chronic gastritis and haematemesis is also consistent with known EDS manifestations. This genetic background suggests a possible autosomal dominant inheritance pattern with variable expressivity, typical of many EDS subtypes. Management includes a multidisciplinary approach with joint protection strategies and careful skin care, while surgical interventions should be approached cautiously given the high risk of complications.

PP 85

PATIENT WITH STATUS DYSTONICUS AND PREDOMINANT PSYCHIATRIC MANIFESTATIONS: AN UNUSUAL CASE OF AUTOIMMUNE ENCEPHALITIS

S M Gamalathge[1], R G D S Rankoth[1], A A R M N S Rathnayake[1], A Y Wimalasiri[2], P Rathnayake[3], W A D S Weerasinghe[4], S T Kudagammana[2]

[1]University of Peradeniya, Sri Lanka, [2]Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka, [3]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [4]Sirimavo Bandaranayake Specialized Children's Hospital, Peradeniya, Sri Lanka

INTRODUCTION

Autoimmune encephalitis (AE) generally presents with neurological manifestations such as seizures, movement disorders and focal neurological deficits. Electroencephalogram (EEG) findings and the presence of autoantibodies suggest the diagnosis.

CASE REPORT

An 11-year-old girl with normal development and unremarkable medical history presented with a 3-day history of altered behaviour, associated with visual and second-person auditory hallucinations. Initial workup to exclude organic causes, including NCCT brain, EEG (day 6), and basic lab investigations, was unremarkable. Due to a reported history of bullying, she was initially referred to psychiatry and was managed for suspected depression.

She was re-evaluated 2-days later with aggressive behaviour, sleep disturbances and suicidal ideations. She developed fever on day 16, intermittent dystonic movements, catatonic episodes and drowsiness. By day 23, she required intensive care unit admission due to status dystonicus and recurrent frank generalized tonic-clonic seizures.

Lumbar puncture revealed cerebrospinal fluid (CSF) leucocytosis with lymphocytic predominance but normal glucose and protein levels. Empiric antibiotics, antivirals were initiated and then intravenous immunoglobulin (IVIG) for possible AE. EEG was persistently normal on days 18 and 27 and further investigations for infections (EBV, ASOT, Hepatitis B, HIV, CSF HSV PCR and TB Gene-Xpert) and metabolic/connective tissue disorders (ANA, DsDNA, C3, C4, ceruloplasmin, homocysteine, acylcarnitine, amino acids) were negative. CSF anti-NMDAR antibodies were unavailable. Continuous EEG monitoring (on days 38-40) revealed encephalopathic changes with slow waves and subclinical seizures.

Despite aggressive immunotherapy including IVIG, intravenous (IV) methylprednisolone, IV rituximab, IV cyclophosphamide, and 12 cycles of plasma exchange by day 56, the child showed minimal improvement, with ongoing dystonic movements, catatonic posturing, altered behaviours and a Glasgow coma scale (GCS) of 12.

DISCUSSION

This case underscores that AE can present with a predominantly psychiatric prodrome and initially normal EEG, potentially delaying diagnosis and treatment. The subsequent neurological deterioration despite intensive immunotherapy highlights the complex and potentially refractory nature of AE in some patients.

PP 85

A CASE OF GASTRIC VOLVULUS AND DIAPHRAGMATIC EVENTRATION

A Hershanya[1], A Tharshiny[1], R Rathnaranjith[1], M Ranjithadarshani[2], Y E Derin[1], V Meera[1], K H M M Wijayawardhane[1], C N M S Cynthia[1], S Shainniyathan[1], K Thavakumar[1], H Kanagarathnam[1]
[1]*District General Hospital Vavuniya, Sri Lanka,* [2]*Teaching Hospital Jaffna, Sri Lanka*

INTRODUCTION

Gastric volvulus is defined as an abnormal rotation of the stomach of more than 180 degrees; this creates a closed loop obstruction that can result in incarceration and strangulation.

CASE REPORT

A 10-month-old baby girl, with a previous history of a murmur, was admitted for cough and cold of one day duration. There was one episode of vomiting, with retching, not bile stained and not projectile. The baby had reduced urine output and feeding. She also had nasal congestion and respiratory distress.

On examination, abdomen was distended and there was a palpable mass in the left upper quadrant and epigastric region of the abdomen. Bowel sounds were present. Other system examination was normal.

Full blood count was normal; C-reactive protein was normal; urine full report showed 1-3 pus cells; serum electrolytes were normal. Urgent ultrasound of abdomen and chest revealed a prominent thymus, distended abdomen and no sonographic evidence of hypertrophic pyloric stenosis. X-ray chest and abdomen revealed reduced right lung volume, rightward displacement of mediastinal contents, evidence of left hemi-diaphragmatic focal eventration, grossly distended stomach, minimal bowel gas distal to the stomach and no gas in the duodenum. Gastric volvulus was a possibility.

Baby was kept nil by mouth, intravenous fluids were given and gastric contents were drained via nasogastric tube. Urgent transfer was arranged to Teaching Hospital Jaffna for paediatric surgical intervention. She was immediately transferred and diaphragmatic eventration repair and gastropexy was done under general anaesthesia. Findings revealed a large diaphragmatic eventration with thin membrane.

DISCUSSION

Diaphragmatic eventration is usually asymptomatic, and may not require surgery if it does not significantly intrude into the thoracic cavity. Symptomatic gastric volvulus secondary to diaphragmatic eventration is a surgical emergency. A careful history and clinical examination will guide prompt diagnosis and appropriate management.

PP 86

SPODYLOCOSTAL DYSOSTOSIS IN A NEWBORN BABY: A RARE CASE REPORT

Sathika Amarasekara[1], **Parameshwaran Prasanna**[1], **Buddima Yshashvi**[1], **Nishan Ajanthan**[1], **Supun Mohotti**[1]
[1]*German Sri Lanka Friendship Hospital for Women, Galle*

INTRODUCTION

Spondylocostal dysostosis (SCDO) is a rare genetic disorder characterized by multiple segmentation defects of the vertebrae in association with abnormalities of ribs. The condition is inherited in an autosomal recessive manner.

CASE REPORT

A baby girl was delivered by an emergency caesarean section at 35 + 5 weeks of gestation due to intrauterine growth restriction (IUGR). She weighed 1450g at birth. She required intubation and ventilation at birth due to severe respiratory distress. Her parents are non- consanguineous and antenatal period has been uneventful apart from IUGR. There was no significant family history of note.

On examination, there were subtle dysmorphic features such as short neck, low posterior hair line, and widely spaced nipples. There were no limb abnormalities. However, chest x-ray was grossly abnormal with malformed ribs and spine. The rest of the system examination was unremarkable.

She required higher support on ventilator and developed severe respiratory failure and succumbed on 3rd day of life due to severe lung hypoplasia.

DISCUSSION

The genes which are affected (*DLL3*, *MESP2*, *LFNG*, and *HES7*) code for proteins from notch signalling pathway which is essential in the process of somite segmentation. Affected neonates present with severe respiratory distress due to lung hypoplasia secondary to small thorax. Other clinical characteristics are short trunk in proportion to height/length, short neck and non- progressive scoliosis in most affected children. Severely affected patients may develop pulmonary hypertension due to restricted pulmonary capacity. Boys may have inguinal hernia.

PP 87

SHORTEST GIRL IN THE CLASSROOM: PRESENTATION OF A RARE, SECRETING TYPE BIFOCAL INTRACRANIAL NON GERMINOMATOUS GERM CELL TUMOUR: A CASE REPORT

Akila Manimel Wadu[1], Imalka Jayasundara[1], Ishara Kumarsiri[1], Reha Balasubramaniyam[1], Sarojini V Mohan[1], Mahendra Somathilake[2], Navoda Atapattu[1]

[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*Cancer Institute, Maharagama, Sri Lanka*

INTRODUCTION

Non-germinomatous germ cell tumours (NGGCT) are a type of intracranial germ cell tumours. Endocrine manifestations may occur at presentation or even after completion of treatment. We present a case of a very rare bifocal NGGCT with unusual course of endocrine manifestations and extreme biochemical markers.

CASE REPORT

A 14-year-old girl was referred to endocrine clinic due to short stature and primary amenorrhea. Her past medical history was unremarkable. Her height was well below 3rd centile. She was prepubertal with Tanner stage II breast and stage I pubic hair. There were no phenotypic features of Turner syndrome. System examination was unremarkable.

Her karyotype was 46XX. Bone age was between 10-11 years at 14 years of chronological age. Her renal and liver functions and the blood counts were normal. Renal ultrasound showed small streaky uterus. Gonadotropins were prepubertal.

A glucagon stimulation test revealed growth hormone deficiency. Concomitant short synacthen test failed to show adequate response. Hydrocortisone replacement was started. Later, she developed central hypothyroidism requiring levothyroxine therapy. Magnetic resonance imaging (MRI) of brain was planned prior to growth hormone therapy.

Meanwhile, she presented with acute onset headache, vomiting and diplopia. Urgent MRI of brain showed an enhancing lesion in the pineal region (3 x 2.8 x 2.6 cm) with haemorrhage, abnormal pituitary gland with absent posterior pituitary bright spot and thickened infundibulum. Alpha-feto-protein was 1.60ng/ml (<10) and serum beta-HCG was extremely high:23743mIL/ml (<7.0). Radiology and tumour markers were atypical yet was suggestive of bifocal NGGCT. She also developed central diabetes insipidus (CDI) just after diagnosis. The tumour responded to chemotherapy well.

DISCUSSION

A high degree of suspicion is needed in children with acquired hypopituitarism to rule out cranial tumours. Growth hormone is affected later, and CDI is known to occur early which is reversed in this case. Concomitant cranial diabetes insipidus and chemotherapy induced renal tubulopathy were management challenges.

PP 88

THE CLINICAL PROFILE OF RETINOPATHY OF PREMATURITY AMONG INFANTS FOLLOWED UP AT THE OPHTHALMOLOGY CLINIC AT NATIONAL HOSPITAL GALLE, SRI LANKA

P G C G Kaushalya[1], Imalke Kankananarachchi[2], I L A N Darshana[3], U A K Tennekumbura[4], Nayana Liyanarachchi[2]

[1]*Department of Paediatrics, National Hospital Galle, Sri Lanka and John Radcliffe Hospital, Oxford University Hospital Trust, Oxford, UK,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka,* [3]*Department of Community Medicine, Faculty of Medicine, University of Ruhuna, Sri Lanka,* [4]*Paediatric Ophthalmology Unit, National Hospital Galle, Sri Lanka*

INTRODUCTION

Retinopathy of Prematurity (ROP) is a potentially blinding eye disorder primarily affect premature infants. Even though the major risk factors for ROP include prematurity and oxygen, the birth-weight specific incidence varies between countries. It is essential to have country-specific data to improve our ROP screening programme.

OBJECTIVES

To assess the clinical profile of ROP among infants followed up at the ophthalmology clinic at National Hospital Galle (NHG), Sri Lanka

METHOD

Data were extracted from a case-control study which assessed the risk factors for ROP. A sample of 58 infants with ROP followed up at the ophthalmology clinic, NGH, Sri Lanka was included for the study. (Ethical approval - Ref. No. SLCP/ERC/2022/34)

RESULTS

A total of 116 infants were enrolled in the study with case: control ratio 1:1. 60.3% and 31% were males in case and control groups respectively. Mean POA in cases was 29.4 (±SD 2.18) and in controls was 30.2 (SD 1.15) ($p<0.001$). Mean birth weight in cases and controls were 1042.3g (±SD 277.65) and 1334.8g (±SD 176.74) respectively ($p<0.001$). All the infants were preterm (<32 weeks) and had low birth weight (<1500 grams). Septicaemia (55.2%), Hypothermia (6.9%) and respiratory distress syndrome (86.2%) were widespread among the sample. Oxygen therapy (100.0%) and blood transfusion (67.2%) were required for majority. ROP was detected in 20.7% of infants at the first screening. “Plus disease” was detected in 43.1%. Fifty percent of infants had stage two of ROP followed by stage one (27.6%) and stage three (22.4%). Bilateral disease was detected in 94.9%. VEDF therapy (44.8%), Laser treatment (8.6%) and multiple therapy (5.2%) were identified as main treatment options while 41.4% had none of the treatment.

CONCLUSIONS

The study highlights the clinical profile and risk factors for ROP in the Sri Lankan setting. The majority of infants presented with bilateral stage II ROP.

PP 89

KNOWLEDGE, ATTITUDES, AND PRACTICES REGARDING CONSTIPATION AMONG PARENTS OF TODDLERS AND PRESCHOOLERS ADMITTED TO THE PAEDIATRIC UNIT OF TEACHING HOSPITAL PERADENIYA

H J Samarasinghe[1], **E H M R K Ekanayake**[1], **S Krishnapradeep**[2]
[1]*Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka,* [2]*Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION
Childhood constipation is a significant global health concern, particularly among toddlers and preschoolers. It places a considerable financial burden on healthcare systems and negatively impacts the quality of life of both children and their families. Parents play a crucial role in managing constipation in young children.

OBJECTIVES
This study aimed to assess parental knowledge, attitudes, and practices (KAP) regarding childhood constipation, identify influencing factors, and examine associations with demographic variables.

METHOD
A descriptive cross-sectional study was conducted among 290 parents of toddlers and preschoolers admitted to the pediatric unit of Teaching Hospital Peradeniya, Sri Lanka, in 2024. Data were collected using a self-administered questionnaire and analyzed with SPSS version 25. Ethical clearance was obtained from the Ethical Review Committee of the Faculty of Allied Health Science, University of Peradeniya (AHS/ERC/2024/126).

RESULTS
While most participants were aware of childhood constipation, their understanding of its key features was limited. Bivariate analysis showed that parental knowledge was significantly influenced by educational level ($p = 0.01$), attitudes were significantly associated with parental age ($p = 0.01$), and practices varied significantly by ethnicity ($p < 0.01$). However, no strong correlation was found between parental knowledge, attitudes, and practices regarding childhood constipation.

CONCLUSIONS
The findings highlight the need for targeted, culturally sensitive educational programmes to enhance parental knowledge, attitudes, and practices related to childhood constipation. These programmes should focus on causes, prevention, management, and sociocultural influences.

PP 90

CAREGIVER BURDEN AND ITS ASSOCIATED FACTORS OF CHILDREN SUFFERING FROM CHRONIC MEDICAL ILLNESSES TREATED IN PEDIATRIC UNITS OF THREE TERTIARY CARE HOSPITALS IN KANDY DISTRICT, SRI LANKA

M R D R Muhandiram[1], **K S D Kularatne**[2]
[1]*Paediatric Unit, National Hospital, Kandy, Sri Lanka and Paediatric Unit, WCH, South Australia,* [2]*Paediatric Unit, National Hospital, Kandy, Sri Lanka*

INTRODUCTION
Children with Chronic Medical Illnesses (CMIs) necessitate ongoing protection, care, monitoring, and treatment. However, evidence demonstrates that the Caregiver Burden (CB) affects many parents and caregivers putting risk in care for children with CMIs.

OBJECTIVES
To assess the CB and its associated factors of children suffering from CMIs treated in paediatric units

METHOD
A cross-sectional study was conducted among a sample of randomly selected 264 caregivers of children suffering from CMIs treated in three Tertiary Care Hospitals in Kandy District, Sri Lanka. CB was assessed using Caregiver Burden Scale (CBS). Mean value greater than two for the CBS indicated a higher level of CB. Associated factors for CB were assessed using multiple logistic regression at 0.05 significance level. Ethical approval was obtained from the Sri Lanka College of Paediatricians (Ref No. SLCP/ERC/2023/05);

RESULTS
Renal disease (24.0%), epilepsy (24.0%), thalassaemia (15.7%), diabetes (17.8%) and asthma (18.6%) were identified as CMIs the children were suffering from in the sample. Higher level of CB was detected among 33.5% of caregivers. Thalassaemia (57.9%) had highest CB while epilepsy (24.0%) had lowest. The CB was significantly associated with type of CMIs ($p<0.001$), age of the caregiver ($p=0.028$), age of the child ($p=0.018$), duration of hospital stays ($p=0.025$), and having another child with CMIs ($p<0.001$) in univariate analysis. Caregivers of children with epilepsy (OR =0.36, 95% CI 0.14-0.96, $p=0.041$) were less likely to have higher CB while longer duration of hospital stays (OR =2.77, 95% CI 1.14-6.69, $p=0.024$) and caregivers having another child with CMIs (OR =3.36, 95% CI 1.18-9.57, $p=0.023$) were more likely to have higher CB in multivariate analysis.

CONCLUSIONS
A considerable proportion of caregivers of children with CMIs suffered from CB irrespective of many sociodemographic, disease and treatment related factors.

PP 91

APPROPRIATENESS IN DOSAGE OF IRON IN PATIENTS FOLLOWED UP FOR IRON DEFICIENCY ANAEMIA IN A SINGLE UNIT

A Archchana[1], **M G Sathiadas**[1]
[1]*Paediatric Professorial Unit, Teaching Hospital Jaffna, Sri Lanla*

INTRODUCTION

Iron deficiency anaemia is treated with iron 6mg/kg/day. Since the children are growing faster, their weight increases each month and child may need dose adjustment to get optimal response in the expected period.

OBJECTIVES

To assess the appropriateness in dosage of iron in patients followed up for iron deficiency anaemia in a single unit.

METHOD

All the patients with iron deficiency anaemia who attended the clinic in the month of October, 2023 were recruited. Data were collected from their clinic book using extraction sheet. Our main aim was to check the appropriateness of iron dosage to the current weight. After the initial analysis, a peer to peer discussion session was arranged among registrars, senior house officers and house officers to emphasize the therapeutic dose of iron and importance of the dose adjustment based on weight. Later, a checklist was prepared to see the weight and dose of iron in each clinic; 4 months later re-audit was done.

RESULTS

Initial analysis had 33 patients; 30.3% (n=10) had static weight or negligible weight gain; 30.3% (n=10) had their doses adjusted according to their weight; 39.4% (n=13) had not received appropriate dose for the weight.

Re-audit had 24 patients. Among them 37.5% (n=9) had static weight or negligible weight gain. 41.6% (n=10) had their doses adjusted according to their weight gain. 20.8% (n=5) had not received appropriate dose for the weight.

CONCLUSIONS

After the interventions the percentage of patients who had not received appropriate dose had been significantly reduced from 39.4% to 20.8%. Intervention has helped the doctors to recognize the change in weight and to adjust the dose accordingly.

PP 92

KNOWLEDGE, ATTITUDES, AND PRACTICES OF CAREGIVERS REGARDING ALTERNATIVE FEEDING METHODS USED IN CHILDREN AT LADY RIDGEWAY HOSPITAL, COLOMBO

K L Shiromani[1], **Kumudu Weerasekara**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
In Sri Lanka, alternative feeding methods play a crucial role in the nutritional management of children with neurological disabilities and other chronic illnesses. Caregivers often face significant challenges in providing care due to limited resources and a lack of awareness regarding these methods.

OBJECTIVES
To describe the knowledge, attitudes, and practices related to alternative feeding methods among caregivers of children with chronic diseases admitted to Lady Ridgeway Hospital.

METHOD
A cross-sectional descriptive study was conducted across all wards, intensive care units, and outpatient clinics at Lady Ridgeway Hospital, Sri Lanka. Data were collected using an interviewer-administered questionnaire. Caregivers of children who had been on alternative feeding methods for more than four weeks during the study period were eligible to participate.

RESULTS
A total of 216 caregivers participated in the study. Among them, 212 (98.1%) were female. The majority of children (192; 88.8%) were receiving nasogastric tube feeding, while 11.1% were on percutaneous endoscopic gastrostomy (PEG) feeding. In 164 (75.9%) cases, the duration of tube feeding exceeded three months. Most caregivers (96.7%) confirmed the tube position using at least one method before feeding. All participants (100%) were aware of the correct volume and frequency of feeding, and 99% practiced proper hygiene before initiating tube feeding. However, 121 caregivers (56%) did not follow proper oral hygiene practices. Additionally, 76% of children experienced activity limitations due to tube feeding.

CONCLUSIONS
The majority of caregivers of children with chronic diseases admitted to Lady Ridgeway Hospital demonstrated basic knowledge regarding tube placement, feeding volume, and frequency.

PP 93

VICI SYNDROME IN AN INFANT: A RARE CASE REPORT

D A Y Muduwan[1], **N. Jadavan**[1], **D. Balagalla**[1], **K. Withanaarachchi**[1]
[1]*Neonatal Intensive Care Unit, National Hospital Galle*

INTRODUCTION

Vici syndrome is a rare, autosomal recessive disorder caused by mutations in the EPG5 gene. it is characterized by multiple congenital anomalies, including, dysmorphic features hypopigmentation, cardiomyopathy, agenesis of the corpus callosum, immunodeficiency and progressive neurological deterioration

CASE REPORT

A 1-day-old baby girl, born via EL/LSCS at term with a birth weight of 2.9 kg to non-consanguineous parents was admitted to neonatal intensive care unit (NICU) due to respiratory distress since birth and neonatal convulsions within 24 hours of life. Clinical examination revealed subtle facial dysmorphism and notable hypopigmentation of skin and hair.

Cardiac evaluation showed cardiomyopathy with severe pulmonary hypertension while brain ultrasound revealed absent septum pellucidum and agenesis of corpus callosum.

Her NICU stay was complicated by sepsis due to recurrent infections consistent with severe immunodeficiency. Family history revealed a previous sibling with similar clinical picture who passed away at 1½ years of age

Genetic testing confirmed the diagnosis of Vici syndrome, revealing a homozygous mutation in the *EPG5* gene. Despite, aggressive treatment strategies and supportive care neonate's condition worsened gradually and she succumbed on day 33 of life

DISCUSSION

Vici syndrome is a rare complex disorder which is challenging to diagnose with a multi-systemic impact, requiring a multidisciplinary approach to care. Genetic counseling is essential for affected families to understand the inheritance pattern and implications for future pregnancies.

PP 94

A CLINICAL AUDIT ON FEBRILE SEIZURE MANAGEMENT AT THE PRIMARY CARE UNIT OF LADY RIDGEWAY HOSPITAL FOR CHILDREN, COLOMBO

C Edirisinghe[1], **A Jayapathum**[1], **J Wanigasinghe**[2,3]
[1]*University of Colombo, Sri Lanka,* [2]*Department of Paediatrics, University of Colombo, Sri Lanka,* [3]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
Febrile seizures (FS) are the most common convulsions in childhood and consist of two types: simple and complex. Simple febrile seizures (SFS) account for more than 70% of cases, are generally benign and self-limiting, and are a common reason for emergency visits. They often lead to unnecessary interventions and investigations. Data on adherence to clinical guidelines for FS management in Sri Lankan settings is scarce.

OBJECTIVES
To evaluate adherence to the standard guidelines when managing febrile seizures at the Primary Care Unit (PCU), Lady Ridgeway Hospital (LRH).

METHOD
A prospective clinical audit was conducted at the PCU of LRH from August 1 to August 30, 2023. Convenience sampling was used to include 25 cases of FS. Data were collected via direct observation using a checklist, and parental advice was assessed qualitatively using an expert-validated eight-point guide. Ethical approval was obtained from the Faculty of Medicine ERC, University of Colombo (EC-23-076).

RESULTS
Among 25 children with febrile seizures (mean age 2.63 years; 52% male), 72% had simple febrile seizures and 28% had complex febrile seizures, including two cases of febrile status epilepticus. Upper respiratory tract infections were the most common cause of fever (52%, n=14/25). Over-investigation was observed in 65% of simple febrile seizures (n=11/17). The majority of admissions were due to first-time seizures (73%, n=14). Under-admission as per guidelines occurred in 12.5% (2/16). Midazolam was the first-line treatment for active seizures, most frequently administered buccally as an off-label use utilizing the intravenous preparation. Parental education was inconsistent (32% verbal, 16% written), indicating quantitative and qualitative deficiencies. Key aspects, including age dependency, recurrence risk, CNS infection exclusion, and seizure first-aid, were covered in only 50–75% of cases. Epilepsy risk equivalence was never addressed (0%). Inappropriate intermittent clobazam prophylaxis was practiced in only one case (4%).

CONCLUSIONS
This audit identified several deficiencies, including over-investigation, under-admission and inadequate parental counselling, underscoring the need for standardized protocols, resource allocation, and standardization of parental counselling.

PP 95

INNOVATIVE MANAGEMENT OF CONGENITAL CHYLOTHORAX USING MODIFIED MCT-ENRICHED BREAST MILK IN A RESOURCE – LIMITED SETTING

B M De Silva[1], **K A C J J Rathnayake**[1], **V P A T V Pathirana**[1], **M H S M Hassan**[1]
[1]*Neonatology Unit, Teaching Hospital Badulla, Sri Lanka*

INTRODUCTION

Congenital chylothorax (CC) is a rare cause of neonatal pleural effusion, sometimes presenting antenatally as hydrops fetalis due to albumin loss in chyle. Management includes respiratory support, pleural drainage, nutritional modifications with medium-chain triglyceride (MCT) formulas or total parenteral nutrition (TPN), and pharmacologic agents like octreotide or sildenafil.

CASE REPORT

A 32-week female infant, weighing 2.3 kg, was delivered via emergency caesarean section due to antenatally diagnosed bilateral pleural effusion. She required resuscitation at birth, with Apgar scores of 5 and 7. In the antenatal period, the fetus was evaluated for hydrops fetalis, likely secondary to hypoalbuminaemia. Bilateral intercostal drains revealed transudative fluid and were removed by day 4.

Re-accumulation of effusion occurred by day 5. Enteral feeds began by day 6. On day 9, the pleural fluid turned milky, suggestive of chylothorax. Lymphocyte-predominant pleural fluid confirmed CC. The infant was kept nil orally, started on TPN and intravenous octreotide. Oral sildenafil was also commenced to promote lymphatic remodeling and reduce chyle production.

First time in the history, due to unavailability of commercial MCT formula, breast milk was centrifuged under sterile conditions to remove long-chain triglycerides, and organic MCT oil was added. Enteral feeds with modified milk started on day 12 and were gradually increased. Octreotide was weaned off by day 16. By day 28, the baby resumed normal breastfeeding. Chest x-ray on day 36 showed complete resolution of effusion. She was discharged on day 39 with appropriate weight gain.

DISCUSSION

This is the first known local use of centrifuged breast milk with added MCT oil for managing CC. It offers a cost effective, innovative solution in resource limited settings. Pharmacologic support with octreotide and sildenafil may enhance outcomes by reducing chyle production and supporting lymphatic healing.

PP 96

A RETROSPECTIVE DESCRIPTIVE STUDY OF CLINICAL PROFILE AND SURVIVAL DISCREPANCIES OF CONGENITAL DIAPHRAGMATIC HERNIA BABIES BORN IN CASTLE STREET HOSPITAL FOR WOMEN FROM JANUARY 2018-JULY 2019

A Antony Jacintha[1], V Arunath[2], P Surantha[1]
[1]*Castle Street Hospital for Women, Colombo, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
Congenital diaphragmatic hernia(CDH) is one of the common birth defects in neonates

OBJECTIVES
To assess the demographic and clinical characteristics of neonates with CDH born at Castle Street Hospital and to identify key factors associated with morbidity and mortality in these neonates.

METHOD
This retrospective study focused on neonates with CDH born at Castle Street Hospital for Women, Sri Lanka from January 2018 to July 2019. Data were collected from NICU medical records which include demographic information, disease characteristics, clinical parameters such as venous blood gases at admission, 24 to 48 hours' post-admission, ventilator management, treatment for pulmonary hypertension and associated sepsis. Neonates with incomplete medical records or insufficient data on CDH were excluded.

RESULTS
A total of 24 neonates with CDH were included in this study. Among them, 58.3% were male, and 70.8% were of Sinhalese ethnicity. Most were diagnosed in the second trimester (78.3%), and 91.7% had a left-sided hernia. Maternal demographics showed 58.3% were primiparous and 50% were under 30 years old. APGAR scores at 1 minute were less than 5 in 54.5%, but 90.9% had an APGAR score greater than 5 at 10 minutes. Most neonates (91.7%) had pulmonary hypertension. Ventilatory management included SIMV for 87.5%, and 65% had pCO2 >60 mmHg on admission. 41.7% survived and were transferred for surgical management. There was no statistical significance found between APGAR at 1 minute and survival, nor between sepsis and prematurity. All babies with severe pulmonary hypoplasia died. Among survivors, 90% were treated with antibiotics.

CONCLUSIONS
The findings indicate CDH is linked to significant morbidity and mortality, particularly from severe lung hypoplasia, sepsis, and pulmonary hypertension.

PP 97

MATERNAL AND NEONATAL CHARACTERISTICS AND ASSOCIATED FACTORS WITH ADVERSE OUTCOMES IN NEONATES WITH BIRTH DEFECTS BORN AT CASTLE STREET HOSPITAL FOR WOMEN, SRI LANKA

A. Antony Jacintha[1], **V Arunath**[2], **P Surantha**[1]
[1]*Castle Street Hospital for Women, Colombo, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
Birth defects are a significant cause of neonatal morbidity and mortality globally

OBJECTIVES
This study aimed to evaluate the characteristics and associated factors in neonates born with birth defects.

METHOD
Neonates diagnosed with birth defects at the Castle Street Hospital for Women (CSHW), Sri Lanka between January 2018 and June 2019 were retrospectively reviewed. Diagnoses were determined by antenatal anomaly scans and confirmed postnatally by clinical examination, ultrasound, 2D echocardiography, genetic testing and other relevant investigations. Neonates with incomplete medical records or insufficient data on birth defects were excluded.

RESULTS
A total of 79 new-borns were included, with a mean maternal age of 29.5 years (SD 5.7). Most mothers were aged 20-29 years (44.3%), 93.7% received folic acid supplementation, 24.1% had prior miscarriages and 62% were uniparous. Neonates were predominantly male (97.5%) with a mean gestational age of 36.7 weeks (SD 4.5) and a mean birth weight of 2556.5 g (SD 661.8). The common anomalies were diaphragmatic hernia (30.4%), lung hypoplasia (34.4%), congenital heart disease (20.3%) and central nervous system abnormalities (19%). Mortality was observed in 44.3%. Sepsis (67.1%), respiratory insufficiency (63.3%) and hypotension (36.7%) were the common postnatal complications. Significant associations were found between CNS anomalies and previous maternal miscarriage ($p = 0.02$) and low birth weight ($p = 0.04$). Lung hypoplasia was significantly associated with APGAR scores at 1 minute ($p < 0.001$) and 10 minutes ($p = 0.01$). Mode of delivery was associated with diaphragmatic hernia ($p = 0.02$).

CONCLUSIONS
This study highlights the diverse spectrum of birth defects in CSHW, and emphasises the need for improved antenatal care and perinatal interventions.

PP 98

UTILITY OF INDICATORS OF ANTIBACTERIAL CONSUMPTION IN SURVEILLANCE PROGRAMMES: RESULTS FROM FOUR PAEDIATRIC INPATIENT FACILITIES IN SRI LANKA

S G Senadheera[1], S Sri Ranganathan[2], P C Yasawardene[2], K Karunaratne[3], R Dissanayake[3,4], T M R Perera[5,6], M Wijayawardena[7], K Jayasundara[8]

[1]Department of Pharmacy & Pharmaceutical Sciences, Faculty of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka, [2]Department of Pharmacology, Faculty of Medicine, University of Colombo, Sri Lanka, [3]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [4]Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka, [5]Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka, [6]Colombo South Teaching Hospital, Kalubowila, Sri Lanka, [7]Base Hospital, Wathupitiwala, Sri Lanka, [8]Base Hospital, Thambuththegama, Sri Lanka

INTRODUCTION

Several indicators are available in the literature to monitor antibacterial consumption (ABC) in surveillance programmes. They are valuable to track trends, facilitate comparisons and assess effectiveness of interventions.

OBJECTIVES

To determine the utility of common indicators of ABC by applying them on ABC data obtained from four paediatric inpatient facilities in Sri Lanka.

METHOD

Descriptive cross-sectional study was adapted from GLASS (Global Antimicrobial Resistance and Use Surveillance System) methodology. The study settings were the paediatric wards of Colombo South Teaching Hospital (CSTH)l, Tambuttegama Base Hospital (BHT), Wathupitiwala Base Hospital (BHW)and six medical wards in Lady Ridgeway Hospital (LRH). Data on ABC for systemic use (J01) in 2023 in all settings were extracted from pharmacy records. Anatomical Therapeutic Chemical (ATC) classification and Defined Daily Dose (DDD) system were used to classify and analyse the data. Six common indicators of ABC, identified through literature review, were calculated for the four facilities. (ERC no EC-24-008)

RESULTS

The top pharmacological-class was non-penicillin beta lactams in LRH (36.7%) and CSTH (42.7%) whereas beta lactam penicillins was the top in BHT (45.8%) and BHW (45.6%). Co-amoxiclav was the top antibacterial in all four facilities with the highest in the BHT (24 DDD/100 admissions) and the lowest in the CSTH (12 DDD/100 admissions). The ratio of broad to narrow spectrum ABC ranged from 98.48 (BHT) to 26.70 (LRH). Consumption of Watch group antibacterials accounted for more than 50% in all four facilities. DU75% analysis showed similar choices of antibacterials in all four facilities. The ratio of oral: parenteral ABC was 0.8 in all four except for BHW (1.7).

CONCLUSIONS

The six common indicators are easily calculable using the ABC data available in the hospitals. The findings highlight the significant value of these indications in ABC surveillance programmes

PP 99

THE IMPACT OF EPILEPSY ON SCHOOL-AGED CHILDREN WITH EPILEPSY, A MULTICENTRE COHORT STUDY FROM SRI LANKA

P Varatharajan[1], C Fonseka[1], T Darmadasa[2], C Danthanarayana[2], G Weerapperuma[2], M Jayaratne[3], P Ratnayake[4], S Fernando[1,4]
[1]*National Epilepsy Centre, Paediatric Epilepsy, Colombo, Sri Lanka,* [2]*Colombo North Teaching Hospital, Paediatric Neurology, Ragama, Sri Lanka,* [3]*Teaching Hospital Karapitiya, Paediatric Neurology, Galle, Sri Lanka,* [4]*Lady Ridgeway Hospital for Children, Paediatric Neurology, Colombo, Sri Lanka*

INTRODUCTION
Epilepsy is the commonest neurological disorder among school-aged children. Due to multiple reasons epilepsy can influence the school education of children.

OBJECTIVES
The study was conducted to determine the schooling status and influence of social, disease related and treatment related factors on schooling status of CWE.

METHOD
Descriptive cross-sectional multicenter cohort-study method was used. Study was conducted in three Teaching Hospitals of Sri Lanka. CWE between 5-16 years were included in the study

RESULTS
The sample comprised 207 CWE. The mean age was 11.4 ± 3.1 years, males 121(58.5%). 129(62.3%) had focal-onset seizures, 78 (37.7%) had generalized-onset seizures and 52 (25.1%) had epileptic-encephalopathy. 03(1.4%) children had never attended school. 167 (81.9%) were enrolled in mainstream school, 20 (9.8%) in special school and 17 (8.3%) in the special education unit of a mainstream school. Those who were enrolled in school 98(57.6%) had > 75% (>15/20 days) school attendance, 130 (76%) children spent >320 minutes or full day at school but 117 (63.6%) of them did not participate in extracurricular activities. 34 (16.7%) CWE dropped out from school. The mean age of dropping out is 11.1 ± 2.5 years. Disabilities of the child was the reason for dropping out in 33 (97.1%), mismatch/non-acceptance by the school in 18 (53.3%), and financial issues in 08 (23.5%). Dropping out rates were significantly higher with higher Global-Assessment of the Severity of Epilepsy (GASE) scale scores ($P < 0.05$).

CONCLUSIONS
The majority of CWE were enrolled in a mainstream school and maintained a good daily attendance record. Few children dropped out before completing 16-years. Epilepsy severity was a significant predictor of higher dropout rates.

PP 100

AN INTERESTING PRESENTATION IN EASTERN COAST SRI LANKA- A CASE OF STONEFISH STING

P M J Gallage[1], H R S A Jayasundara[1], K S Peiris[1], M M S Priyadarshani[1], C P Udagedara[1], S S Weerarathne[1], T V Wijewickreme[1]
[1]*Base Hospital Kanthale, Sri Lanla*

INTRODUCTION

Stonefish are among the world's most venomous fish, found primarily in Indo-Pacific shallow waters and coral reefs. They possess specialized glands that deliver neurotoxins through needle-like dorsal spines. Their exceptional camouflage, mimicking surrounding rocks, makes them nearly invisible to humans, increasing sting risk. The amount of venom injected depends directly on pressure applied to the spine. Stings typically cause severe localized pain, swelling, tissue death, and can potentially lead to muscle paralysis, seizures, and life-threatening cardiovascular complications.

CASE REPORT

A 12-year-old male presented with stonefish envenomation to his foot while walking on Trincomalee's shoreline. He experienced acute pain, edema, and minimal bleeding at the puncture site. Initially treated at a peripheral facility, he was transferred after 4 hours, remaining hemodynamically stable without anaphylaxis. Hot water immersion therapy wasn't implemented due to delayed presentation. By the next day, cellulitis developed in the affected extremity.

Haematological investigations revealed white blood cell count 13.8 × 10^9/L (neutrophils 8.15 × 10^9/L, lymphocytes 3.69 × 10^9/L), platelet count 328 × 10^9/L, C-reactive protein 41 mg/L, alanine transaminase 100 U/L, aspartate transaminase 50 U/L, sodium 135 mmol/L, potassium 3.5 mmol/L and international normalised ratio was 0.93.

The patient received intravenous antimicrobial therapy. Subsequently, surgical intervention including incision and drainage was necessitated for localized abscess formation. He was discharged on oral antibiotics with scheduled follow-up for wound assessment. His hepatic function parameters demonstrated gradual normalization over time.

DISCUSSION

Stonefish envenomation produces thermolabile toxins that cause significant human morbidity and require prompt treatment. Definitive management includes rapid immersion of the affected anatomical sites in hot water (≤45°C) for 30-90 minutes to facilitate protein denaturation of the venom. Radiographic evaluation is indicated in approximately 10% of cases to identify any retained spine fragments in the wound. Comprehensive analgesia remains essential throughout the treatment process, frequently necessitating regional anesthetic techniques for adequate pain control.

PP 101

A CASE OF DISTAL RENAL TUBULAR ACIDOSIS COMPLICATED WITH RICKETS AND NEPHROCALCINOSIS ASSOCIATED WITH SOUTH EAST ASIAN OVALOCYTOSIS

M Vasanthakumar[1], A Tharshiny[1], R Rathnaranjith[1], Dinesh Rangana[2], S Udayashankar[1], Y B M T D K Yapa[1], K H M M Wijayawardhane[1], Y E Derin[1], S D K A Gunasekara[1], A D Dissanayake[1], H A S G Jayawardena[1]

[1]*District General Hospital Vavuniya, Sri Lanka,* [2]*Teaching Hospital Anuradhapura, Sri Lanka*

INTRODUCTION

The Anion Exchanger-1 (AE1) gene encodes for band 3 – chlorine/ bicarbonate exchange that expressed both in erythrocyte and in the acid secreting type A intercalated cells of the kidneys. The mutation in the AE1 gene results in the co-existence of distal renal tubular acidosis and red cell membrane abnormality- south east Asian ovalocytosis.

CASE REPORT

A 3-year-old child presented with a past history of accidental fall and left distal femur fracture five months back and current walking difficulties with low haemoglobin (Hb) levels. On initial examination, child had frontal bossing, Harrison sulcus, rachitic rosary, widening of wrists, left anterior bowing of leg abdominal distention, blue sclera, distal and proximal muscle weakness and severe growth retardation. Her past medical records showed that the child had low Hb levels and had blood transfusion three times and both her and her mother's blood pictures showed south east Asian ovalocytosis; father was screened negative and defaulted the initial follow up.

The initial biochemical workup showed normal anion gap metabolic acidosis, normal renal functions, Hb level of 8.8g/dL with low red blood cell indices and vitamin D insufficiency. The ultrasound scan of abdomen + KUB showed medullary nephrocalcinosis grade 1. Xray showed osteopenia, osteomalacia, fraying of metaphysis, cupping and multiple healed fractures. The diagnosis of renal tubular acidosis was made and child was referred to teaching hospital Anuradhapura paediatric nephrology unit.

Further investigations revealed increased intact parathormone; blood picture showed acute haemolysis secondary to known red cell membrane defect (SAO). A complete diagnosis of distal renal tubular acidosis complicated with rickets and nephrocalcinosis associated south east Asian ovalocytosis was made and child was given intravenous (IV) calcium gluconate and IV sodium bicarbonate in ward and started on oral vitamin D, calcium supplements, haematinics, potassium citrate, hydrochlorothiazide, and sodium bicarbonate. Eye, ENT, nutrition and orthopaedic follow-ups were arranged while awaiting genetic studies in Lady Ridgeway Hospiral.

DISCUSSION

The associations of renal tubular acidosis and South East Asian Ovalocytosis is extremely rare in Sri Lankan literature, It should be considered in patients with low haemoglobin and features suggestive of rickets/renal tubular acidosis as both will result from a common AE1 gene mutation.

PP 102

A 9-YEAR-OLD CHILD WITH MYCOPLASMA INDUCED KAWASAKI DISEASE

M S Larif[1], **W G A Dinushika**[1], **Manohari Madarasinghe**[1]
[1]*National Hospital Galle, Sri Lanka*

INTRODUCTION

Kawasaki disease is a vasculitis of unknown aetiology that mostly occurs in children under 5 years of age, a leading cause of acquired heart disease in children all over the world. *Mycoplasma pneumoniae* is being investigated as one of the likely causative agents of Kawasaki disease. The incidence of Kawasaki disease is 9 to 20 per 100,000.

CASE REPORT

A nine-year-old girl, diagnosed Turner syndrome, presented with cough and fever for 7 days. On examination she had a morbilliform rash over the anterior chest, pedal oedema and facial puffiness. There was reduced air entry in right lower zone of the lungs and bilateral crepitations.

She fulfilled the criteria for the diagnosis of Kawasaki disease, as she had red lips, strawberry tongue, oedema of the feet, bilateral non purulent conjunctivitis, polymorphous rash and left cervical lymphadenopathy.

2D echocardiography revealed prominent right coronary artery. Chest x-ray showed bilateral inflammatory shadows. Mycoplasma antibody titre was 1:20480, which was highly positive. Inflammatory markers were elevated (C-reactive protein: 330 mg/L, erythrocyte sedimentation rate: 125mm/ 1st hour, serum ferritin: 1500).

A diagnosis of mycoplasma induced Kawasaki disease was made and she was treated with intravenous immunoglobulin 2g/kg and intravenous ciprofloxacin 10mg/kg 8 hourly. She was also started on high dose aspirin 50mg/kg, which was tailed off to 3mg/kg/day anti-thrombotic dose. She made a complete recovery and repeat 2D echo four weeks later was normal.

DISCUSSION

It is very important for a clinician to keep in mind that mycoplasma could trigger Kawasaki disease, leading to timely intervention. Further research and mechanistic investigation is warranted to establish the link between Mycoplasma infection and the pathogenesis of Kawasaki disease, leading to therapeutic and diagnostic strategies.

PP 103

IATROGENIC SUPERIOR VENA CAVA OBSTRUCTION SYNDROME IN AN EXTREMELY PREMATURE INFANT COMPLICATED LATER WITH OBSTRUCTIVE HYDROCEPHALUS

B A H K Balasooriya BAHK[1] , **N Gamaathige**[1]

[1]*De Soysa Hospital for Women, Colombo, Sri Lanka*

INTRODUCTION

Superior vena cava (SVC) obstruction syndrome is a rare but serious complication in neonates, often associated with central venous catheters (CVCs). Extremely premature infants are particularly vulnerable due to fragile vasculature and the need for prolonged intravenous access. We report a case of iatrogenic SVC obstruction in an extremely premature infant, complicated by obstructive hydrocephalus.

CASE REPORT

A male infant was delivered at 25 weeks of gestation via emergency lower-segment caesarean section for preterm premature rupture of membranes. Birth weight was 920g. He required immediate respiratory support and was admitted to the neonatal intensive care unit (NICU). Due to difficult peripheral access, a CVC was inserted into the right internal jugular vein on day 28 of life.

On day 33, he developed progressive swelling of the neck, face, and upper chest. Doppler ultrasounds were inconclusive, but a CT venogram confirmed thrombosis of the SVC and right internal jugular vein. Intravenous heparin was initiated and later switched to subcutaneous enoxaparin.

Despite anticoagulation, the infant continued to show upper body oedema, indicating persistent venous congestion. At 3 months post diagnosis, he developed signs of raised intracranial pressure. Neuroimaging revealed obstructive hydrocephalus, likely due to impaired cerebral venous outflow, ultimately requiring ventriculoperitoneal (VP) shunt placement. Over the following months, gradual clinical improvement was noted, with resolution of oedema and restoration of venous drainage.

DISCUSSION

This case illustrates a rare but severe complication of CVC use in extremely preterm infants. SVC obstruction can lead to significant morbidity, including hydrocephalus due to impaired cerebral venous return. Early recognition, appropriate imaging, and timely multidisciplinary management including neurosurgical intervention are essential. Preventive strategies such as careful catheter size selection, routine surveillance, and thromboprophylaxis in high-risk cases should be emphasized to reduce morbidity. A multidisciplinary approach is crucial to optimize outcomes in these vulnerable infants.

PP 104

JUVENILE DERMATOMYOSITIS IN A 2-YEAR-OLD CHILD

K D J M K Galahitiyawa[1], K K Karunaratne[2]

INTRODUCTION

Juvenile Dermatomyositis (JDM) is a rare autoimmune inflammatory myopathy that primarily affects children, with an even rarer occurrence in those under three years. It is characterized by a combination of muscle weakness and distinctive skin rashes. Early recognition is crucial to prevent severe complications. This report presents a 2 year old child diagnosed with JDM, highlighting the challenges in diagnosis and treatment.

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CASE REPORT

A 2-year-old child developed a generalized macular rash at nine months of age, primarily affecting the malar area, periorbital region with oedema, trunk, and limbs. The rash was photosensitive and later resolved with hyperpigmentation. Gottron papules appeared on the dorsum of the hands. Over time, the child experienced fluctuating rashes and developed muscle pain with progressive proximal muscle weakness, leading to difficulty in standing from a sitting position (positive Gower's sign).

Systemic involvement, including cardiac, respiratory, renal, and neurological symptoms, was absent. Examination revealed characteristic JDM skin findings and significant proximal muscle weakness. Laboratory investigations showed mildly elevated inflammatory markers, normal muscle enzymes, and an electromyogram (EMG) consistent with myopathy. Autoimmune markers, including ANA positivity, supported the diagnosis.

The child was treated with prednisolone, hydroxychloroquine for skin involvement, vitamin D and calcium supplements, and sun protection measures. Methotrexate was later introduced as a steroid-sparing agent.

DISCUSSION

This case emphasizes the difficulty in diagnosing JDM in very young children, particularly when skin rashes appear before muscle weakness. Early recognition and aggressive immunosuppressive therapy are essential to prevent complications and improve long-term outcomes. This case also underscores the importance of considering JDM in children presenting with characteristic rashes and muscle weakness, even when muscle enzyme levels are normal.

PP 106

CAPOS SYNDROME: FLUCTUANT NEUROLOGICAL MANIFESTATION OF A GENETIC DISORDER

Anuruddhika Withana[1], **Chathurika Bandara**[1], **H Munasinghe**[1], **Rasika Gunapala**[1], **Ranjani Edirisooriya**[2], **Pyara Ratnayake**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, Teaching Hospital, Kurunegala*, *Sri Lanka*

INTRODUCTION

CAPOS (CS) is an ATP1A3 related disorder with autosomal dominant inheritance, named after its dominant symptoms; cerebellar ataxia, areflexia, pes cavus, optic atrophy and sensory neural hearing loss. Symptoms occur episodically following febrile infection. ATP1A3 gene encodes α3 subunit of Na/K ATPase that maintains electrochemical gradient across the plasma membranes. Three different phenotypes are described: CS, alternating hemiplegia of childhood and rapid onset dystonia-parkinsonism. The number of estimated cases of CS is less than 1000 worldwide. We report the first genetically proven case of CS in Sri Lanka.

CASE REPORT

A 4 ½ year old boy, born at term with a cleft lip and palate and an atrial septal defect, presented with encephalopathy, ataxia and regression of motor milestones with a febrile illness. This was the 4th episode since 2.5 years. These lasted for 3-4weeks, and recovery was complete following each episode. His maternal grandfather was reported to have cerebellar pathology. He had development delayed from infancy and currently walks with support, scribbles and speaks 4-word sentences. Vision and hearing are still spared.

Examination revealed hypotonia, areflexic and pes cavus. Cerebrospinal fluid examination, magnetic resonance imaging of the spine spine, metabolic screening (amino acid profile, lactate, ammonia) liver and renal profiles, thyroid function and, nerve conduction studies were normal. Whole exome sequencing showed ATP1A3 mutation. The family was educated to avoid triggers.

DISCUSSION

We present the first case of genetically proven CS in Sri Lanka and the first case of CS with cleft palate in the world. Areflexia with normal nerve conduction studies act as a useful diagnostic clue in CS. The case highlights that fluctuating neurological conditions could arise from genetic disorders unrelated to inborn errors of metabolism.

PP 106

CHRONIC ANAEMIA FOLLOWING PARVOVIRUS B19 INFECTION IN AN 8-YEAR-OLD CHILD

K D J M K Galahitiyawa[1], **K K Karunaratne**[2]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Parvovirus B19 is commonly associated with transient aplastic crisis in patients with underlying haemolytic disorders. However, chronic anaemia due to prolonged bone marrow suppression is rare in immunocompetent children. This case describes a previously healthy 8-year-old child who developed persistent anaemia following parvovirus B19 infection, requiring immunomodulatory therapy.

CASE REPORT

An 8-year-old previously well child presented with excessive sleepiness, fatigue, and exercise intolerance for three days. He had a recent upper respiratory tract infection but no significant systemic symptoms, travel history, or signs suggestive of haemolysis or autoimmune disease. On examination, the child was pale with tachycardia and tachypnoea but had no icterus, lymphadenopathy, hepatosplenomegaly, or other abnormal findings.

Investigations revealed severe normochromic normocytic anaemia (Hb 3.5 g/dL) with normal white cell and platelet counts. Reticulocyte count was low (0.5%), and Coombs test (DAT) and LDH were normal. Blood film showed no evidence of haemoglobinopathy or malignancy. Inflammatory markers, renal and liver functions were normal. Bone marrow biopsy revealed mildly hypocellular marrow with trilineage dysplasia, suggestive of recovering erythropoiesis. Parvovirus B19 IgM was weakly positive, and other viral and autoimmune screens were negative.

The child received two blood transfusions, raising Hb to 9.8 g/dL. However, over six months, he continued to have anaemia with persistent reticulocytopenia. Repeat marrow biopsy excluded myelodysplastic syndrome. Immunology review was done, and intravenous immunoglobulin (0.4 g/kg/day for 5 days) with oral prednisolone was initiated after malignancy was ruled out. The child showed clinical improvement and is currently recovering.

DISCUSSION

This case illustrates that chronic anaemia can occur following parvovirus B19 infection even in immunocompetent children. Persistent reticulocytopenia warrants extended evaluation. Immunomodulatory treatment with intravenous immunoglobulin and corticosteroids may be considered in selected refractory cases.

PP 107

PRACTICES AND FACTORS ASSOCIATED WITH SELF-MEDICATING CHILDREN AMONG A COHORT OF SRI LANKAN PARENTS

Madushika Dewasurendra[1], **Shamaali Gunawardana**[1], **Raveen Lasindu Thennakoon**[2], **Kavinda Dayasiri**[2]
[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION
Self-medication in children, often initiated by parents, is a growing concern in Sri Lanka. Parents administer medications without professional consultation, relying on multiple factors.

OBJECTIVES
This study aims to investigate the prevalence of self-medication practices among Sri Lankan parents in treating their children's common ailments. It identifies the types of medications used, their sources, and the factors influencing parents' decisions to self-medicate.

METHOD
A prospective, observational, cross-sectional hospital-based study was carried out recruiting parents of children who were admitted in-patient in all paediatric wards of North Colombo Teaching Hospital, Sri Lanka over a period of 04 months. Data were collected by a pre-tested interviewer administered questionnaire and was analyzed using SPSS 25.0.

RESULTS
Out of 270 total participants, 124 (45.9%) were between 31-40 years and 94.8% were mothers. Only 31.1% were educated up to Ordinary level. Sixty percent were unemployed and 11.1% were employed related to the healthcare sector. The prevalence of self-medication was 88.9%. Fever was the most common illness self-medicated with (64.4%). Paracetamol was the most commonly used drug in self-medication (87.4%). Sixty percent obtained medicines for self-medication from a pharmacy; 35.6% agreed about self-medicating themselves for similar symptoms and 44.1% agreed that they perceived the harmless nature of symptoms as factors driving their self-medicating practices on children. Increasing parental age was found to be a significant contributor for self-medicating children (p=0.029) while employment related to healthcare sector (p=0.0567), having 2 or more children (p=0.296) and having a child with chronic diseases (p=0.891) were found non-significant.

CONCLUSIONS
The prevalence of parental self-medication practices was 88.9%. Fever was the most common illness self-medicated with (64.4%). Paracetamol was the most commonly used drug in self-medication (87.4%). Sixty percent obtained medicines for self-medication from a pharmacy. Increasing parental age was a significant contributor for self-medicating children

PP 108

KAWASAKI DISEASE PRESENTING AS BILATERAL HIP ARTHRITIS: A DIAGNOSTIC CHALLENGE

G A D N B Wimalasena[1], D W N M Wimalaguna[1], S L Mohotti[1], B Y Samarawickrama[1], P Walpola[1], I Kankananarachchi[2]
[1]*University Paediatric Unit, National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Kawasaki Disease(KD) is an acute vasculitis in children with unknown aetiology. According to the suggested theory, an infectious agent can trigger the disease in a genetically susceptible individual. Therefore, septic arthritis can also be the trigger for KD. Also, arthritis is a major manifestation of KD. Here we present a case of KD initially managed as septic arthritis of hip joints, prompting the question of whether septic arthritis was truly the initial diagnosis and the possibility of having arthritis as a manifestation of KD since the beginning.

CASE REPORT

A 5-year and 6-month-old boy presented with fever and difficulty of walking and an ultrasound scan revealed bilateral hip joint effusion with echogenic particles, leading to the diagnosis of septic arthritis. He subsequently underwent bilateral hip joint arthrotomy with pus drainage that had no growth in culture. Despite these interventions, his fever persisted. Retrospective evaluation revealed that the child had clinical features like unilateral cervical lymphadenopathy, mucosal changes such as cracked lips and strawberry tongue, non-purulent conjunctivitis, and a polymorphous rash during the first few days of illness. Laboratory investigations showed leucocytosis, thrombocytosis, and significantly elevated inflammatory markers.

An echocardiogram was performed on day 8 of illness, revealing dilated coronary arteries, confirming the diagnosis of KD. The patient was promptly treated with intravenous immunoglobulin (IVIG) and high-dose aspirin. His fever resolved within 24 hours of treatment initiation with marked clinical improvement.

DISCUSSION

Arthritis occurs in up to 12.7% of cases of KD as a part of its manifestations. This case questions whether septic arthritis triggered KD or if arthritis was an early KD symptom. The absence of microbial growth, bilateral involvement of hip joints and rapid response of symptoms to immunoglobulin therapy suggests KD-associated arthritis. This case shows the importance of considering KD in paediatric arthritis cases, particularly when fever persists despite standard septic arthritis management.

PP 109

HOSPITAL-BASED SURVEILLANCE OF ANTIBACTERIAL CONSUMPTION IN CHILDREN IN SRI LANKA: LESSONS FOR ESTABLISHING THE NATIONAL SURVEILLANCE

P C Yasawardene[1], S. Sri Ranganathan[1], K Karunaratne[2], R Dissanayake[2,3], T M R Perera[4,5], M Wijayawardena[6], K. Jayasundara[7], S. G. Senadheera[8]

[1]Department of Pharmacology, F/M, University of Colombo, Sri Lanka, [2]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [3]Department of Paediatrics, F/M, University of Colombo, Sri Lanka, [4]Colombo South Teaching Hospital, Sri Lanka, [5]Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka, [6]Base Hospital, Wathupitiwala, Sri Lanka, [7]Base Hospital, Thambuththegama, Sri Lanka, [8]Department of Pharmacy & Pharmaceutical Sciences, Faculty of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka,

INTRODUCTION

National surveillance of antibacterial consumption (ABC) is not yet established in Sri Lanka though it is recommended in the World Health Organization's (WHO) Global Action Plan on Antimicrobial Resistance

OBJECTIVES

To describe the ABC in children admitted to the medical wards of the Lady Ridgeway Hospital (LRH) in 2023.

METHOD

This descriptive cross-sectional study followed the methodology recommended by the WHO's GLASS (Global Antimicrobial Resistance and Use Surveillance System). The WHO-approved Anatomical Therapeutic Chemical (ATC) classification and Defined Daily Dose (DDD) system were used to extract, classify and analyse the data. The required data on consumption of antibacterials for systemic use (J01) in children admitted to the six medical wards in LRH in 2023 were manually extracted from pharmacy records and entered into a Microsoft Excel spreadsheet. Results are expressed as DDDs per 100 admissions. Admissions to medical wards in 2023 was obtained from Medical Records Unit, LRH. Study received ethics approval from Ethics Review Committee, Faculty of Medicine, University of Colombo (reference number EC-24-008).

RESULTS

Total antibacterial consumption for systemic use (J01) was 112.66 DDDs/100 admissions. At ATC-3 (pharmacological class) level, highest use was seen with non-penicillin beta-lactam antibiotics (J01D, 36.7%), followed by penicillins (J01C, 29.4%), macrolides, lincosamides, and streptogramins group (J01F, 24.1%). Aminoglycosides, quinolones and tetracyclines collectively contributed to <5%. At ATC-5 (individual agent) level, co-amoxiclav (18.7%) and cefotaxime (18.5%) were top consumed, followed by clarithromycin (13.0%), azithromycin (9.9%), meropenem (6.4%), and cefuroxime (J01DC02, 7.10, 6.3%). Ratio of oral: parenteral formulation was 0.75. Highest consumed parenteral formulation was cefotaxime (32.5%) followed by co-amoxiclav (18.4%) and meropenem (11.2%). Clarithromycin (30.2%), azithromycin (23.1%) and co-amoxiclav (19.1%) were top three oral antibacterials consumed.

CONCLUSIONS

Antibacterials commonly consumed in the medical wards of LRH appear to be rational with minimal use of "new" antibacterials and those not recommended for children. Digitalizing the ABC data in hospitals, training the pharmacists and having an online platform to transfer data are key pre-requisites for establishment of National Surveillance.

PP 110

QUALITY OF LIFE AND ITS ASSOCIATED FACTORS AMONG CAREGIVERS OF PAEDIATRIC PATIENTS WITH EPILEPSY AT THE LADY RIDGEWAY HOSPITAL FOR CHILDREN, COLOMBO

R N De Silva[1], **B H E Dayanath**[1], **W P N De Silva**[1], **D Y D U S Delgahawatta**[1], **J A T Deshani** [1], **I K Gooneratne**[2]

[1]*Faculty of Medicine, University of Moratuwa, Sri Lanka,* [2]*Department of Medicine and Mental Health, Faculty of Medicine, University of Moratuwa, Sri Lanka*

INTRODUCTION

In children, epilepsy is often linked to developmental delays, academic struggles, impaired social skills, and psychosocial issues like ADHD and low self-esteem, impacting caregivers' quality of life. Many families struggle to accept a child's diagnosis due to societal stigma, leading to stress, strained parent-child relationships, and family disruptions. Over the last ten years, research has concentrated on the factors affecting the quality of life of people with epilepsy and their carers. Identifying these factors is crucial for targeted interventions, ultimately improving outcomes and overall care.

OBJECTIVES

To determine the quality of life and its associated factors among caregivers of paediatric patients with epilepsy at the Lady Ridgeway Hospital for Children, Colombo**.**

METHOD

A hospital-based descriptive cross-sectional study was carried amongst 200 primary caregivers of paediatric epileptic patients with a confirmed diagnosis greater than 6 months who are being investigated in the paediatric neurology clinic of the Lady Ridgeway Hospital for Children, Colombo. Data were collected using an organized self-administered questionnaire, composed of 5 sections from section A to E (sociodemographic characteristics, quality of life of caregiver, the clinical condition of the patient, social relationships and family environment, respectively). The WHOQOL-BREF standard questionnaire was used for section B. Data was gathered and analysed using IBM's Statistical Package for Social Sciences (SPSS) software. The relationship between qualitative factors and the caregiver's quality of life was examined using Chi-square test.

RESULTS

According to present study, 88.5% (n=177) caregivers experienced a good quality of life, whereas 11.5% (n=23) caregivers experienced a poor quality of life. In the physical domain, the average score was 67.37±15.281, in the psychological domain was 67.13±14.547, in the social domain was 66.08±19.203, and in the environmental domain was 66.03±15.026. Among factors assessed, existence of caregiver's chronic illnesses (p=0.029), caregiver marital status (p=0.008), side effects of anti-epileptic drugs (p=0.030), and monthly earnings for family (p=0.010) showed a significant association with quality of life of caregiver.

CONCLUSIONS

Caregiver's history of long-term illnesses, caregiver marital status, adverse consequences of anti-epileptic medications, and monthly family income were significantly associated with the quality of life of the caregivers of paediatric patients with epilepsy.

PP 113

EFFECTIVENESS OF A CALGARY-CAMBRIDGE MODEL-BASED COMMUNICATION SKILLS TRAINING FOR PAEDIATRIC TRAINEES IN SRI LANKA: A NATIONWIDE PRE-POST INTERVENTION STUDY USING OBSERVED PRACTICES

Kavinda Dayasiri[1], Sinnarajah Krishnapradeep[2], Dihan Caldera[1], Hashini Wijayasinghe[2], Rasnayaka Mudiyanse[2]

[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka*

INTRODUCTION

Effective communication is a cornerstone of patient-centred care, particularly in paediatrics, where interactions involve not only the child but also their parents or guardians.

OBJECTIVES

To evaluate the effectiveness of a Calgary-Cambridge model-based communication skills training programme for postgraduate paediatric trainees in Sri Lanka.

METHOD

A pre-post intervention study was conducted among 133 paediatric trainees across Sri Lanka. The training programme focused on relationship-building, information gathering, and information giving. Communication skills were assessed using an OSCE with simulated patients and a 12-item checklist. Paired t-tests were used to analyse score differences. Ethical approval was obtained from the Postgraduate Institute of Medicine, University of Colombo.

RESULTS

Significant improvements were observed across all domains. Relationship-building scores increased from 13.5 to 23, information gathering from 12.6 to 20.2, and information giving from 13.3 to 24.8 ($p < 0.01$ for all). Relationship-building correlated positively with information gathering ($r = 0.626$) and giving ($r = 0.600$, $p < 0.01$). Trainees with prior communication training scored higher post-intervention (mean difference=10.5, p=0.019). No gender differences were observed.

CONCLUSIONS

The Calgary-Cambridge model-based training programme effectively enhanced communication skills among Sri Lankan paediatric trainees.

PP 113

A CASE OF ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS (AGEP) POSSIBLY INDUCED BY COMBINED EFFECT OF METRONIDAZOLE AND CIPROFLOXACIN

S W K M B Bulankulame[1], M M V N Mudalpath[1], A P Senanayake[1], I K Wickramarathne[1], I M C S Paththandupitiya[1], A S Munasingha[2]
[1]*Paediatric Ward 01, National Hospital Kandy, Sri Lanka,* [2]*Dermatology Department, National Hospital Kandy, Sri Lanka*

INTRODUCTION

AGEP is a severe generalised pustular rash that appears suddenly and causes major cutaneous adverse reactions as well as systemic inflammation. It commonly begins in the face, armpits, and groin. It causes quick emergence of red skin studded with minuscule sterile pustules. It is an extremely rare condition that affects 3-5 per million population per year. Specific drugs are responsible for 90% of cases. The common drug culprits are antibiotics, sulphonamides, oral antifungals, calcium channel blockers, and carbamazepine. Viruses are a common cause of AGEP in children. It appears within 48 hours after exposure to the causative substance. The treatment consists of discontinuing the offending medicine and using topical steroids.

CASE REPORT

A 10-year-old girl presented with pruritic pustules and a generalized erythematous rash; 5 days before she had taken oral metronidazole and oral ciprofloxacin for a throat pain from the private sector; 24 hours later, she had developed a generalized pruritic erythematous rash, pustules over bilateral axilla and groin along with fever which worsened with time. She had a previous history of allergic reaction to penicillin. There was no previous history of any skin diseases.

On examination there was a generalized non-blanching erythematous pruritic rash and erythematous pustules over bilateral groin and axillary regions.

Patient was seen by the Dermatologist and a clinical diagnosis of AGEP was made. She was started on oral antihistamines and topical steroids. The rash gradually resolved within 5 days after stopping antibiotics and initiating steroids.

DISCUSSION

AGEP, though rare, is an important dermatological emergency that requires prompt recognition and management. Its self-limiting course, coupled with a high index of suspicion for drug causation, underscores the importance of careful history-taking and diagnostic evaluation. Further research into its immunopathogenesis may offer insights into targeted therapies for severe cases.

PP 113

RETROPHARYNGEAL ABSCESS IN A 7-YEAR-OLD CHILD: INTERESTING PRESENTATION

J Prathibha Kariyawasam[1], **Cuila Gibson**[1], **Gajanan Purohit**[1]
[1]*Paediatric Unit, Armadale Health Service, Western Australia*

INTRODUCTION

Suppurative neck infections are uncommon in children but are potentially serious. Retropharyngeal abscess is a deep neck polymicrobial infection common between two to four years. Early in the disease process, the findings may be indistinguishable from those of uncomplicated pharyngitis.

CASE REPORT

A seven-year-old boy presented to Emergency Department with a biphasic fever for eight days, headache and neck pain for two days preceded by coryzal symptoms for two weeks. Examination
revealed shotty cervical lymph nodes, some tenderness over the left mastoid process with normal throat and ear examination. His C-reactive protein (CRP) was 21 and white blood count (WBC) was 18,900 with 80% neutrophils. As the child appeared well, he was discharged on request, planning to review with repeat investigations the following day but he didn't come up. When contacted, the child was reported to be vomiting and complaining of body aches with running fever.

On readmission, he looked ill with grade 3 tonsils, neck stiffness and tender cervical lymph nodes. His CRP increased to 409 within 2 days and the WBC to 21,260. Computed tomography of neck showed left lateral parapharyngeal developing collection / phlegmon measuring 14 x 12 x 29 mm. Retropharyngeal oedema was noted extending from C1 to C4. Reactive left level IIa lymphadenopathy. Xray showed increased prevertebral space width.

Child was treated with transoral drainage of the abscess drainage of the abscess and adequate antibiotics (Blood culture positive for Strep pyogenes) without complications.

DISCUSSION

The initial presentation might not be severe enough to warrant immediate suspicion bringing a diagnostic challenge. The rapid deterioration highlights the suspicion bringing a diagnostic challenge. The rapid deterioration highlights the with recurrent fever, neck pain, stiffness, and systemic toxicity. Early imaging in Red Flag Cases expedites the diagnosis. Retropharyngeal abscesses can have serious complications, including airway compromise and mediastinal spread emphasizing the need for early intervention.

PP 114

H1N1 INFLUENZA-A PRESENTING AS ACUTE LIVER FAILURE IN A CHILD: A RARE CLINICAL MANIFESTATION

P Prasanna[1], **K N T Perera**[1], **A Piyatissa**[1]
[1]*Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

INTRODUCTION

Acute liver failure is uncommon in children. Although influenza virus infections primarily affect the respiratory system, extra pulmonary manifestations, including hepatic involvement, can occur rarely. We report a case of acute liver failure in a child due to influenza A infection, which was promptly treated, leading to full recovery.

CASE REPORT

A 1-year-old female, born to non-consanguineous parents, presented with a 4-day history of intermittent high-grade fever, cough, rhinorrhoea, and vomiting. After admission, she developed jaundice and increased daytime sleepiness. There were no bladder or bowel abnormalities, and stool and urine colour remained normal. No bleeding, snake bite, muddy water exposure, or drug ingestion were reported. She had no prior liver disease and was previously healthy.

On examination, she was alert, febrile (104°F), icteric, and ill-looking, but haemodynamically stable. Hepatomegaly (5 cm) and a just palpable spleen were noted. Neurological examination revealed brisk reflexes without meningeal signs. Initial investigations were unremarkable, and symptomatic management was initiated.

By day 3, fever and sleepiness persisted. Laboratory tests showed persistently rising liver enzymes, direct hyperbilirubinaemia, prolonged prothrombin time and international normalised ratio, with normal albumin and renal functions. Grade 2 hepatic encephalopathy was suspected. Workup for other causes of liver failure, including Leptospira, EBV, Mycoplasma, and hepatitis serology, was negative. RT-PCR of a throat swab confirmed H1N1 influenza A infection.

The child was treated with Oseltamivir for five days, along with supportive care (lactulose, vitamin K, and intravenous antibiotics). Clinical improvement was seen within three days, with normalization of liver enzymes in about a week.

DISCUSSION

Although rare, H1N1 influenza should be considered a potential cause of unexplained acute liver failure in children. Early recognition and prompt appropriate treatment of the underlying cause is critical for favourable outcomes, in case of paediatric acute liver failure.

PP 116

A RARE PRESENTATION OF CONGENITAL DIARRHOEA DUE TO MICROVILLOUS INCLUSION DISEASE: FIRST EVER DIAGNOSED CASE IN SRI LANKA UP TO AVAILABLE PUBLISHED KNOWLEDGE

Anuradhi Jayapathum[1], **Wathsala Hathagoda**[1,2], **Shaman Rajindrajith**[1,2]
[1]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka,*
[2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Microvillous Inclusion Disease (MVID) is a rare congenital disorder inherited in an autosomal recessive manner. It is characterized by severe and persistent diarrhoea in infants, which can lead to metabolic imbalances and failure to thrive. The underlying cause of MVID involves the destruction of the enterocyte brush border, resembling immature villi. Diagnosing this condition can be difficult, particularly in resource-limited settings where access to genetic testing is restricted. Currently, treatment options are limited to total parenteral nutrition and small bowel transplantation.

CASE REPORT

A 5-month-old baby girl, born to non-consanguineous parents of Sri Lankan descent, was referred to our unit due to a family history of infant sibling death associated with intractable diarrhoea. She had been experiencing severe diarrhoea and fever, along with several metabolic disturbances and failure to thrive, starting nine days after the introduction of complementary feeding.

Initially, intravenous antibiotics were administered to manage what was believed to be an infectious cause of the diarrhoea, although both blood and stool cultures returned negative results. The baby did not tolerate any of the feeding trials, including a soy milk-based diet, and continued to experience metabolic disturbances and several episodes of hypocalcaemic tetany. Consequently, she was started on parenteral nutrition while still receiving breast milk.

Extensive investigations produced inconclusive results, including stool studies, abdominal ultrasounds, and endoscopic biopsies. Consequently, genetic testing was performed, which revealed a MYO5B genetic mutation consistent with Microvillous Inclusion Disease (MVID). Unfortunately, while receiving parenteral nutrition, the baby succumbed to sepsis related to the central venous line.

DISCUSSION

This case underscores the necessity of conducting genetic studies in children with congenital diarrhoea for an accurate diagnosis. Additionally, it emphasizes the challenges in managing such diseases in resource-limited settings.

PP 116

A SUCCESSFULLY TREATED ZEBRA CASE OF MULTIPLE HEPATIC ABSCESSES DUE TO CHROMOBACTERIUM VIOLACEUM IN A PREVIOUSLY HEALTHY CHILD– A CASE REPORT

Anuradhi Jayapathum[1], **Wathsala Hathagoda**[1,2], **Malik. Samarasinghe**[1,2], **Shaman Rajindrajith**[1,2]

[1]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Chromobacterium violaceum is a gram-negative bacillus found in aquatic ecosystems, predominantly in tropical countries. Human infections are rare and primarily limited to immunocompromised individuals despite their extensive presence in the natural environment. The typical presentation includes fever and local cellulitis at the inoculation site. Treatment requires prolonged courses of antibiotics. However, the mortality rates remain high.

CASE REPORT

A previously healthy 10-year-old girl was referred to our unit for further management following an emergency laparotomy. She initially presented to the local hospital with fever and intermittent abdominal pain, suggesting acute appendicitis, which led to an emergency appendectomy. However, her condition deteriorated the following day, prompting a contrast-enhanced computed tomography scan of the abdomen, which revealed multiple hepatic abscesses, with the largest measuring 34 x 33 mm. As a result, she underwent an emergency laparotomy for abscess drainage.

During her stay in the intensive care unit, while receiving multiple intravenous antibiotics, a detailed exposure history was obtained, suspecting melioidosis. This history revealed that she had been exposed to contaminated lake water while having a small open wound two weeks prior. Microbiological cultures from the aspiration fluid identified *Chromobacterium violaceum*, though tests for melioidosis returned negative. Serum immunoglobulin levels were normal, confirming that she was immunocompetent.

She received six weeks of intravenous antibiotics, followed by four weeks of oral treatment with cotrimoxazole and ciprofloxacin during her follow-up. Serial abdominal ultrasound scans were performed during this follow-up period. A year later, she achieved complete sonographic resolution and remains clinically well.

DISCUSSION

This case report emphasizes the need to consider rare tropical infections when treating liver abscesses in healthy children. It also highlights the importance of obtaining a thorough environmental exposure history, which may be overlooked during acute presentations.

PP 117

MYCOPLASMA PNEUMONIA PRESENTING AS AUTOIMMUNE ENCEPHALITIS: A CASE REPORT

Chanika Thilini Lokuhewage[1], **W G A Dinushika**[1], **T S Sedara**[1], **Mihindu Jayarathne**[1], **Hemali De Silva**[1]
[1]*National Hospital Galle, Sri Lanka*

INTRODUCTION

Mycoplasma pneumoniae infection commonly manifests as community-acquired pneumonia in children but rarely presents with neurological manifestations in 0.1% of patients. Pathogenesis includes direct bacterial invasion of the central nervous system or by an autoimmune response. We report a case of autoimmune encephalitis secondary to *Mycoplasma pneumoniae* infection.

CASE REPORT

A 7-year-old boy presented with fever, cough and cold for 5 days, progressive drowsiness and difficulty in walking for 2 days. Initial examination revealed Glasgow Coma Scale score of 14/15 with irritability, drowsiness and neck stiffness. Vital parameters were normal. Later, he developed emotional lability, urinary retention needing catheterization and intermittent bradycardia.

Complete blood count, C-reactive protein, erythrocyte sedimentation rate, liver and renal function tests, urine analysis and Influenza polymerase chain reaction (PCR) were normal. Cerebrospinal fluid (CSF) analysis revealed high protein (69 mg/dl), normal glucose (53 mg/dl, venous glucose: 77) and lymphocytic pleocytosis (polymorphs-13, lymphocytes-154, red cells- 15). CSF PCR for HSV-1, HSV-2 and VZV were negative as were bacterial antigen and TB GeneXpert. CSF culture showed no growth. Notably, serum mycoplasma antibody titre was markedly elevated at 1: 20,480. Convalescent sample was not sent due to intravenous immunoglobulin (IVIG) treatment. Electroencephalography (EEG) demonstrated prominent delta slowing with theta admixture during awake suggestive of encephalopathy. Magnetic resonance imaging of brain and spine and echocardiography were normal.

He received IVIG 2g/kg, IV methylprednisolone 30 mg/kg 5 days followed by a tapering dose of prednisolone, IV cefotaxime and acyclovir. For atypical cover IV ciprofloxacin (200mg 8 hourly) was administered for 10 days. The child gradually improved with treatment and follow up EEG was normal.

DISCUSSION

This case highlights autoimmune encephalitis as a rare but significant extrapulmonary manifestation of *Mycoplasma pneumoniae* infection. Despite limited availability of specific diagnostic tools for central nervous system infections, serological testing remains valuable in resource-limited settings for identifying this treatable cause of encephalitis.

PP 118

PREVALENCE AND PATTERNS OF GASTROINTESTINAL DISORDERS IN CHILDREN WITH DOWN SYNDROME: A CROSS-SECTIONAL STUDY AT A TERTIARY CARE CENTRE FOR CHILDREN IN SRI LANKA

Wathsala Hathagoda[1,2], **Anuradhi Jayapathum**[1], **Shaman Rajindrajith**[1,2], **Ruwangi Dissanayake**[1,2]

[1]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Down syndrome (DS) is a common chromosomal disorder, affecting 1 in 650–1000 live births. Children with DS experience various health challenges, including gastrointestinal (GI) disorders. Despite global data on GI issues in DS, research in Sri Lanka remains scarce. This study aims to explore the prevalence and patterns of GI disorders in Sri Lankan children with DS.

OBJECTIVES

This study examines the clinical presentations of GI disorders in children with DS. It aims to identify the common types and patterns of GI symptoms in children with DS and explore associated medical comorbidities

METHOD

This cross-sectional study was conducted at the Child Development Clinic, Lady Ridgeway Hospital, and included children with Down syndrome up to 18 years old. Exclusion criteria were non-consenting parents. Data were obtained from an interviewer-administered questionnaire.

RESULTS

A total of 102 children with Down syndrome (DS) was enrolled, comprising 60 males (58.8%) and 42 females (41.2%). The mean age of the children was 4.09 years (SD = 3.73). The majority of the participants (87.3%) had a genetically confirmed diagnosis of DS.

Most children (90.2%) had no gastrointestinal malformations at birth, and the mean birth weight was 2.85 kg (SD = 0.58). Chronic constipation was the most common gastrointestinal disorder observed, affecting 27 children (26.5%). Regarding weight classification, most children were of normal weight (51%, n=51), followed by those underweight (44%, n=44). There is no statistical significance between constipation and nutritional status (p=0.314), cardiac problems (p=0.732), or hypothyroidism (p=0.263).

The most prevalent GI symptom during the neonatal period was difficulty in sucking (53.5%). In infancy, poor weight gain was the most common symptom (38.4%), while constipation was predominant among toddlers (21.2%) and children aged 5–12 years (11.8%).

CONCLUSIONS

GI disorders, particularly constipation, are common in children with DS. Early-life feeding difficulties and poor weight gain underscore the necessity of proactive nutritional management and routine GI evaluation.

PP 119

HYPERMOBILE EHLERS-DANLOS SYNDROME COMPLICATED WITH ATRIAL MYXOMA: A RARE CASE REPORT

K C Ranathunga[1], **S Dias**[1], **N C Wijayalath**[2]
[1]*Paediatric Unit, Teaching Hospital, Kalutara, Sri Lanka,* [2]*Rheumatology Department, Teaching Hospital, Kalutara, Sri Lanka*

INTRODUCTION

Ehlers-Danlos syndrome is an inherited connective tissue disorder with fourteen subtypes. Hypermobility is the most common subtype. The clinical presentation varies from joint instability and tissue fragility to chronic pain, autonomic dysfunction and chronic fatigue.

Myxomas are the most common primary cardiac tumours which are benign and originate from the connective tissue. Though most of them are asymptomatic there is risk of arrhythmias, valvular stenosis and embolization.

Here we present a 12-year-old girl who presented with joint pain and hypermobility and was managed as Ehlers-Danlos syndrome which was complicated with left atrial myxoma.

CASE REPORT

A 12-year-old, previously well girl, presented with small joint and large joint pain throughout the day for 4 days duration without signs of inflammation. She has had a similar episode 3 months back which resolved with analgesics. Her family history was positive for hypermobility.

Examination revealed an arm span to height ratio of 1.04, positive Steinberg and Walker Murdoch signs and a Beighton score of 8/9. There were no piezogenic papules and Gorlin sign was negative. On auscultation a systolic murmur was detected. Routine eye referral was normal. 2D echocardiogram revealed a large left atrial tumour (4 x 3.5cm) attached to mitral valve leaflet with risk of embolization.

She underwent immediate surgical excision at Lady Ridgeway Hospital for Children. Colombo, and the histopathology confirmed a myxoma. Postoperatively, she was managed with lifestyle modifications and physiotherapy.

DISCUSSION

This case report highlights the importance of suspecting hypermobile Ehlers-Danlos syndrome in a child presenting with arthritis and hypermobility. Early cardiac evaluation with echocardiography is crucial to detect potentially life-threatening complications.

PP 120

DIFFUSE PULMONARY ARTERIOVENOUS MALFORMATIONS IN AN ASYMPTOMATIC CHILD: A POSSIBLE CASE OF OSLER WEBER RENDU SYNDROME (HEREDITARY HAEMORRHAGIC TELANGIECTASIA)

Renu Kalansooriya[1], **Viranga Adikari**[2], **Yasasuru Jyawardhana**[2], **Madara Welagedara**[2], **Fathima Shakeela**[2]
[1]*Colombo South Teaching Hospital, Sri Lanka,* [2]*National Hospital Kandy, Sri Lanka*

INTRODUCTION

Hereditary haemorrhagic telangiectasia (HHT) is an autosomal dominant disorder characterized by abnormal blood vessel formation. The clinical manifestations of HHT include mucocutaneous telangiectasia and visceral arteriovenous malformations leading to devastating complications.

CASE REPORT

A 10-year-old, apparently healthy, physically active boy was incidentally found to have an oxygen saturation of 86-88% in room air with no symptoms of respiratory distress. Examination revealed a tinge of cyanosis and mild finger clubbing. He had a history of recurrent epistaxis for about 5 years, for which he was getting treatment repeatedly at the ENT clinic.

The bubble contrast echocardiogram was positive and computed tomography pulmonary angiogram revealed multiple arteriovenous malformations. He had no cutaneous telangiectasia at presentation or a known first degree family history of HHT. But there was a significant family history of recurrent epistaxis in the mother and maternal relatives. The patient satisfied 2/4 of Curacao criteria at the time of presentation leaving him in the category of possible HHT. He is awaiting magnetic resonance imaging of the brain and genetic testing. He is on expectant management for pulmonary vascular malformations as they are diffuse and beyond embolization capacity.

DISCUSSION

Children with HHT are at increased risk of stroke, anaemia and heart failure with increased morbidity. Epistaxis is a mild and one of the most overlooked symptoms of HHT. Without other clinical symptoms or signs, parents and healthcare professionals often dismiss the possibility of HHT. Timely recognition and evaluation can ensure vigilant monitoring and screening for potential complications preventing catastrophic events. In children, some of the symptoms and signs will appear over time. Therefore, it is essential to recognize the importance of vigilant monitoring of such patients. Awareness about signs and symptoms of HHT are essential for early diagnosis and management.

PP 121

A RARE CASE OF SEVERE POLYURIA DUE TO COMBINED CEREBRAL SALT WASTING SYNDROME AND DIABETES INSIPIDUS: DIAGNOSTIC CHALLENGES AND MANAGEMENT

W R S A Karunaratne[1], W G L Dhananjaya Gunathilaka[1], S Meegahawatte[1], D Senani Gamage[1], W A Lasanthi Weerasooriya[1], U G M Padmasiri[1], S H D Samaratunga[1]

[1]*Paediatric Intensive Care Unit, Teaching Hospital Kurunegala, Sri Lanka*

INTRODUCTION

Cerebral salt wasting syndrome (CSWS)and diabetes insipidus (DI) are distinct disorders of fluid and sodium balance. CSWS causes hyponatraemia and dehydration due to excessive renal sodium loss; DI results in polyuria from antidiuretic hormone (ADH) deficiency or resistance. The rare co-occurrence of these conditions complicates diagnosis and management.

CASE REPORT

A 1-year-old female with hydrocephalus and a ventricular peritoneal shunt presented with shunt obstruction and infection, treated with re-positioning, external ventricular drainage insertion, and antibiotics. Initially, there was polyuria with low serum sodium and high urine osmolality, consistent with CSWS, followed by hypernatraemia and polyuria, suggestive of DI. Maximum polyuria was 120 to 130 ml/kg/hour over 50 days.

Initial investigations indicated CSWS with low serum sodium and high urine osmolality. As polyuria persisted, serum sodium levels rose, suggesting DI. Subsequently, paired osmolality studies confirmed a mixed picture of CSWS and DI.

Management included volume replacement and 3% sodium chloride for sodium loss, followed by fludrocortisone for CSWS. As DI became more apparent, desmopressin was introduced alongside a vasopressin infusion. Persistent polyuria prompted a trial of ibuprofen. Although electrolyte disturbances improved, ongoing polyuria was attributed to a proximal renal tubulopathy secondary to massive polyuria. Gradual restriction of fluid intake and targeted electrolyte replacement eventually normalised urine output by day 60 of admission.

DISCUSSION

This case shows the diagnostic and therapeutic challenges of co-existing CSWS and DI highlighting the need for a holistic approach to fluid and electrolyte management.

PP 122

A CLINICAL AUDIT ON ICD-11 KNOWLEDGE ASSESSMENT AMONG DOCTORS IN SIRIMAVO BANDARANAYAKE SPECIALIZED CHILDREN HOSPITAL, PERADENIYA

W A C M S Wijerathne[1], A J R O Smith[1], J M Nilam[1], M B C N Kulugammana[1], N S Abewardana[1]
[1]*Sirimawo Bandaranayake Specialized Children Hospital, Peradeniya, Sri Lanka*

INTRODUCTION
Doctor's awareness and application while using ICD-11 remain a challenge in resource-limited settings as they enhance clinical documentation, digital integration, and data management.

OBJECTIVES
The main purpose of this audit is to determine doctors' theoretical knowledge of ICD-11, assess their ability to apply ICD-11 coding in clinical practice, examine their awareness of ICD-11's digital integration, and identify training needs and implementation barriers.

METHOD
A structured questionnaire was administered to 44 doctors of SBSCH through a cross-sectional survey. The tracks include demographic characteristics, previous experience with ICD classifications, theoretical knowledge of ICD-11, practical work experience with ICD-11, digital integration of health, and self-assessment of confidence in using ICD-11.

RESULTS
Among 44 participants, 50% were aged 25–35 years, with a female majority (72.7%). In terms of speciality, 52.3% were general paediatric doctors, and 31.8% specialized in paediatric surgery. Regarding experience, 50% had 0–5 years, and 22.7% had 6–10 years. Prior exposure to ICD classification systems was reported by 68.2%, mainly through ICD-10. In theoretical knowledge, 81.8% identified WHO as the ICD-11 developer, and 77.3% knew its purpose as a diagnostic system. However, only 22.7% identified digital compatibility as a key difference from ICD-10. In practical application, 43.2% identified the ICD-11 code for acute gastroenteritis (6B41), and 75% recognized its multi-dimensional approach. In digital health integration, 63.6% identified ICD-11's compatibility with digital health records, and 56.8% understood its integration into EHR. Regarding challenges, 31.8% cited the need for technical training, and 29.5% mentioned resistance to change. Preferred training methods included online modules (59.1%) and workshops (27.3%). Self-assessment revealed that 25% felt very comfortable with ICD-11, while 95.4% recommended training, with 38.6% advocating for comprehensive training—overall, placing participants at an intermediate level.

CONCLUSIONS
The audit finds that doctors at SBSCH have moderate ICD-11 knowledge but struggle with coding and digital integration.

PP 123

A CASE SERIES OF MENINGOCOCCAL MENINGITIS REPORTED FROM A DISTRICT GENERAL HOSPITAL

G K K M Kapuge[1], **N Kannangara**[1]
[1]*Paediatric Unit, District General Hospital, Kegalle, Sri Lanka*

INTRODUCTION

Neisseria meningitidis, a gram-negative diplococcus, which is naturally carried in the human nasopharynx in about 10-15% of the normal population. Invasive disease usually occurs in the immunocompromised host. Transmission occurs via respiratory droplets. Meningococcal meningitis is rare in Sri Lanka, apart from a few cases reported from the western and southern provinces. We report four male children from the Kegalle District ranging from one to ten years of age whose cerebrospinal fluid (CSF) tested positive for *Neisseria meningitidis* antigen, reconfirmed with bacterial polymerase chain reaction (PCR) (MRI-Borella) occurring during a short period of one month (mid-February to mid-March 2025).

CASE REPORTS

Case 1: One-year-old previously well infant from Mawanella, with on and off fever and respiratory symptoms for one month duration and 2 episodes of seizures. treated with oral antibiotics prior to admission.

Case 2: Nine-year-old previously well boy from Kegalle with on and off fever for two weeks, treated with oral antibiotics before admission. He had headache, neck stiffness and altered behaviour, with moderately elevated inflammatory markers.

Case 3: Four-year-old previously well boy from Kegalle admitted with one day history of fever, headache, altered behaviour and moderately elevated inflammatory markers.

Case 4: Two-year-old boy with severe acute malnutrition and autism spectrum disorder, had high fever for 8 days, no features of meningism, high inflammatory markers.

All four children had normal CSF full reports and cultures, except for positive bacterial antigens, reconfirmed with PCR. All recovered completely after a course of intravenous 3rd generation cephalosporins for 7-10 days. Close contacts were given prophylaxis with Rifampicin/ ciprofloxacin and all cases were notified.

DISCUSSION

Common serotypes of *N. meningitidis* responsible for epidemic outbreaks are A, B, C, W, X and Y. Type B is well known to present with purpuric rash and severe sepsis. The presentation of these 4 cases is different to those reported in Sri-Lankan literature. Therefore, it is important to perform sero-grouping, which is unavailable in Sri-Lanka, to identify the strain causing these regional outbreaks.

PP 124

POSTNATALY DIAGNOSED LATE ONSET TWIN ANAEMIA POLYCYTHAEMIA SEQUENCE: A CASE REPORT

G K K M Kapuge[1]
[1]*NICU Teaching Hospital Peradeniya, Sri Lanka*

INTRODUCTION

Twin Anaemia Polycythaemia Sequence (TAPS) is a complication of monochorionic twin pregnancies with an incidence of 3-6%. It results from slow inter-twin blood transfusion, caused by unbalanced unidirectional flow of red blood cells through small placental arteriovenous anastomoses. Antenatal diagnosis is made by MCA-PSV discordance (Middle cerebral artery peak systolic velocity) which is considered the gold standard (velocities >1.5 multiples of median in the donor and velocities <1 in the recipient) and absence of amniotic fluid discordance between twins. This is diagnostic of TTTS-Twin to twin transfusion syndrome. Postnatal diagnosis is based on inter-twin haemoglobin difference >8 g/dl with reticulocyte ratio >1.7.

CASE REPORT

Mono chorionic diamniotic twin girls were born at 36 weeks, to a 44-year-old lady in her 3rd pregnancy. Retrospective study of their antenatal scans from 22 to 35 weeks did not show amniotic fluid volume discordance at any time, excluding TTTS. However serial MCA-PSV were not performed during antenatal follow up. At birth, there was a weight discrepancy of 54% between the twins (donor-1.39 kg, recipient-2.56kg). A haemoglobin discrepancy of 17g/dL was found (Donor haemoglobin- 6.3 g/dL and recipient hemoglobin- 24.8g/dL). Reticulocyte ratio was 1.71, confirming a postnatal diagnosis of TAPS.

DISCUSSION

When diagnosed antenatally several management options are available, including endoscopic laser ablation of communicating placental vessels, intra-uterine blood transfusion to the anaemic twin and partial exchange transfusion to the recipient. Following delivery, donor is at risk of severe anaemia and renal impairment. Recipient is at risk of cardiac dysfunction, thrombo-embolic phenomena and jaundice due to polycythaemia; 30% are at risk of cognitive impairment and hearing loss, more frequent in the anaemic twin.

PP 125

MRI FINDING OF BILATERAL STENOSIS AT THE JUNCTION OF THE TRANSVERSE AND SIGMOID SINUSES: A FEATURE ASSOCIATED WITH IDIOPATHIC INTRACRANIAL HYPERTENSION

S J G F Gaffoor[1], **G.T Amarakoan**[1], **U Uhlig**[1]
[1]*John Radcliffe Hospital, Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom*

INTRODUCTION

Idiopathic Intracranial Hypertension (IIH) is a condition marked by elevated intracranial pressure without an identifiable cause. Clinically, it manifests with symptoms such as headache, papilloedema, and vision loss. While previously termed "benign intracranial hypertension," the disorder can lead to significant morbidity, including permanent visual impairment, and should not be considered benign.

CASE REPORT

This case report describes a 12-year-old girl who presented with a 6-month history of chronic headaches, worsening in severity over the past 6 weeks, accompanied by blurred vision. There were no associated systemic or neurological symptoms, and her physical and neurological examinations were unremarkable, with no signs of papilloedema. Her daily routine involved minimal physical activity and prolonged screen exposure, though sleep and hydration were adequate.

Laboratory investigations were within normal limits. Magnetic resonance imaging (MRI) of the brain revealed no intracranial masses or hydrocephalus. An incidental posterior fossa arachnoid cyst was noted, without clinical significance. Notably, bilateral stenosis at the junction of the transverse and sigmoid sinuses was observed—an imaging feature frequently associated with IIH, although not definitively diagnostic. Dural venous sinuses were patent, with no evidence of thrombosis.

A lumbar puncture demonstrated elevated opening pressure with normal cerebrospinal fluid (CSF) composition, supporting a diagnosis of IIH. The patient was commenced on acetazolamide, a carbonic anhydrase inhibitor commonly used to reduce intracranial pressure in IIH. She is scheduled for ongoing follow-up to monitor symptoms and visual function.

DISCUSSION

This case highlights the significance of MRI findings—particularly bilateral transverse-sigmoid sinus stenosis—in the evaluation of suspected IIH. Even in the absence of papilloedema, elevated CSF pressure and imaging features can support diagnosis and guide timely treatment to prevent complications such as vision loss.

PP 126

RESTRICTIONS IN THE LIVES OF CHILDREN WITH EPILEPSY IN SRI LANKA

J. Wanigasinghe[1,2], D Weerasinghe[3], Y Walpita[3], R Murugupillai[4], C Dalpadatu[5], C Weerasinghe[6], S Wijesekara[7], P Rathnayake[2], P. Rupasinghe[8], C Edirisinghe[3], T Munasinghe[9]

[1]Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka, [2]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [3]Faculty of Medicine, University of Colombo, Sri Lanka, [4]Faculty of Health-Care Sciences, Eastern University, Batticaloa, Sri Lanka, [5]Colombo North Teaching Hospital, Ragama, Sri Lanka, [6]Teaching Hospital, Kurunegala, Sri Lanka, [7]Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka, [8]Teaching Hospital, Anuradhapura, Sri Lanka, [9]Faculty of Medicine, University of Ruhuna, Karapitiya, Sri Lanka

INTRODUCTION

Activity limitations in children with epilepsy due to overprotection, stigma, medication side effects, and healthcare challenges impact their overall quality of life. Understanding the nature and contributors to these restrictions is crucial for improving the quality of life of affected children.

OBJECTIVES

To assess the extent and factors associated with activity limitations in children with epilepsy in Sri Lanka.

METHOD

A descriptive cross-sectional case-control study was performed in six hospitals across three provinces to assess activity limitations in schoolchildren aged 6 to 16 with well-controlled epilepsy. A pre-tested, expert-validated 30-item questionnaire evaluated play and sports, social interactions, academic activities, and the impact on family members.

RESULTS

There were 162 cases and 159 controls. Mean ages were 11.29 years (SD = 2.98) and 10.26 years (SD = 2.73), respectively. Mean duration of epilepsy was 4.5 years (SD = 3.47). Overall activity limitation scores did not differ significantly between the two groups (34.55 vs. 33.85, p=0.49). However, children with epilepsy who experienced one or more seizures in the past year had significantly higher limitations in academic activities (p=0.001) and a greater impact on family members (p=0.045). Higher activity limitation scores were associated with a history of seizure-related falls (p=0.008) and the occurrence of generalized tonic-clonic seizures (p=0.033). Lower maternal education levels were linked to increased limitations (p=0.001). Caregivers who found it difficult to set boundaries on their children's requests experienced a significantly greater impact on family life (p=0.023).

CONCLUSIONS

Overall activity limitations in the cases and controls were not significantly different. However, individuals with higher severity, seizure-related falls, and generalized tonic-clonic seizures experienced greater restrictions. Caregivers struggling with boundary-setting faced a higher family impact.

PP 127

BONE MARROW TRANSPLANT IN A RARE DISORDER: A CASE OF DYSKERATOSIS CONGENITA

P L S P Vitharana[1], **P Nimal**[1]
[1]*Bonemarrow Transplant Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Dyskeratosis congenita (DKC) is a multisystemic progressive bone marrow failure (BMF) syndrome characterized by a triad of nail dystrophy, reticulated skin hyperpigmentation and oral leukoplakia. Affected individuals have a mean survival of 30 years. Most die of BMF, infections, fatal pulmonary complications and malignancy. Therapeutic interventions are mostly palliative, but Bone Marrow Transplant (BMT) for aplastic anaemia has been tried with variable success.

CASE REPORT

A 6-year-old boy, diagnosed with DKC, was referred to the BMT unit, Lady Ridgeway Hospital for Children for a matched sibling allogeneic BMT. He was diagnosed with DKC by typical clinical phenotype, hypocellular bone marrow and next-generation sequencing (NGS) showing Dyskeratosis Congenita-3 TINF2(-) Exon 6, c.845G>A variant, heterozygous autosomal dominant.

Fludarabine, cyclophosphamide and rabbit anti-thymocyte-globulin were given as conditioning regimen, along with cyclosporin A and 'short' methotrexate as prophylaxis for graft versus host disease (GVHD). He underwent Haematopoietic Stem Cell Transplant (HSCT) in October 2024 and received bone marrow products containing $9.5x10^8$/kg TNC from his older brother, who's negative for DKC. Neutrophil engraftment was on day+18, and platelet engraftment on day+20. He was complicated with grade 3 lower gastrointestinal GVHD on day+29 and a relapse GVHD on day+74 during the tapering of steroids. His symptoms were controlled after adding ruxolitinib. He had a cytomegalovirus (CMV) reactivation on Day+49. A recurrence occurred on day+91 with a ganciclovir resistant CMV. This was managed with combined therapy of artesunate and leflunomide with ganciclovir. Currently, 165 days post-transplant, with day 100 chimerism being 100% donor cells. He is off antivirals since two consecutive CMV polymerase chain reaction (PCR) were negative.

DISCUSSION

HSCT in these rare blood disorders can be challenging. However, a successful HSCT for inherited BMF syndromes like DKC can increase the survival and the quality of life of these children, though it cannot alleviate them from the other syndrome-related complications.

PP 128

AUDIT OF ADHERENCE TO NICE GUIDELINES ON PERIPHERAL VENOUS CANNULA INSERTION AND CARE AMONG PAEDIATRICS STAFF-GRADE NURSING OFFICERS IN A PRIVATE HOSPITAL IN SRI LANKA

Anushmi Ranawaka[1], **Pushpa Punchihewa**[2], **Vibash Wijeratne**[2]
[1]*Bristol Royal Hospital for Children, UK,* [2]*Ninewells Hospital, Sri Lanka*

INTRODUCTION

Peripheral IV cannulations are routine procedures with approximately 1 billion lines placed annually. However, they carry complications including phlebitis and infections, affecting 20–50% of cases. Despite awareness, protocols aren't followed due to insufficient understanding of standards. Improved hygiene, infection control, and early identification of phlebitis can enhance patient care, reduce hospital stays, and provide economic benefits.

OBJECTIVES

The study aimed to identify gaps in current and standard practices, develop an action plan, ensure consistent documentation of visual phlebitis scores (VPS), highlight areas of strength across units, and address challenges in implementing standards

METHOD

The study was conducted in paediatric Ward 4/5 and the NICU of a private hospital in Sri Lanka, including all staff-grade nurses, excluding locum and student nurses. Data were collected prospectively from 09/01/2024 to 18/01/2024 through observation and direct questioning

RESULTS

Most nurses clean insertion sites with 70% alcohol before cannulation, but only 20% use chlorhexidine with alcohol for cannulation, and 0% for port cleaning. While most nurses decontaminate hands before cannulation, only 50% use proper techniques, and post-procedure hand decontamination is limited (30%). Approximately 50% wear gloves for cannulation, and only 35% document VPS. NICU practices were of higher standards than those in the wards, though significant gaps were observed in both. Challenges include unstable adhesion of transparent plasters versus elastoplast, which provides space to assess VPS, and a limited supply of gloves.

CONCLUSIONS

A significant gap was found in adherence to standards, with most staff not properly decontaminating hands, wearing gloves, assessing VPS, or cleaning cannula ports. Recommendations include lectures, updated visual phlebitis score charts, instruction charts, assigning responsible personnel, and conducting regular re-audits.

PP 129

A RARE CASE OF LIVER FOCAL NODULAR HYPERPLASIA AND PULMONARY HYPERTENSION FOLLOWING ABERNETHY MALFORMATION

W S Dissanayake[1] **K P Weerasekara**[1] **I G Galappaththi**[1]
[1]*Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Abernethy malformation is a rare congenital anomaly of splanchnic venous system having extrahepatic portosystemic shunt. This condition cause complications like pulmonary hypertension, hepatopulmonary syndrome, hepatic encephalopathy and liver lesions.

CASE REPORT

A ten-year-old girl presented with fever, abdominal pain for two days and a history of multiple fractures from 3 years of age. Her abdominal ultrasound showed multiple hyperechoic focal lesions in the right lobe of liver. She had room air saturation of 92% without significant lung signs, Glasgow coma scale score of 14 with disorientation and a right ulnar fracture.

Blood investigations revealed deranged liver and renal functions, thrombocytopenia, lactic acidosis and elevated troponin I. Her 2D Echocardiogram confirmed severe pulmonary hypertension without cardiac cause.

The abdominal ultrasound revealed congested pelvic spleen, absent portal vein branches within liver, grossly dilated splenic vein draining into dilated inferior vena cava, congested bilateral renal veins and focal nodular hyperplasia. These concluded for Abernethy malformation type II.
Her alpha fetoprotein levels were normal and vitamin D levels were low. Blood picture and LDH level were suggestive of hemolysis which is seen with Abernethy malformation.

Elevated blood ammonia and lactate level with disorientation indicated hepatic encephalopathy.
Contrast CT chest was planned in view of associated pulmonary arteriovenous shunt.

Despite supportive management child developed severe desaturation and succumbed before CT chest or intervention.

DISCUSSION

Abernethy malformation although rare should be considered in cases with liver disease and pulmonary hypertension. Diagnosis is often made with abdominal ultrasound, and it can present with benign or malignant liver lesions.

PP 130

PARENTAL STRESS AND ITS ASSOCIATED FACTORS AMONG PARENTS OF CHILDREN WITH CONGENITAL HEART DISEASE ATTENDING THE CARDIOLOGY CLINIC OF THE LADY RIDGEWAY HOSPITAL, SRI LANKA

Kumanan Sinthurini[1], **Mohamed Nawas Fathima Simra**[1], **Udage Kankanamge Nomesha Ridmi Shakya**[1], **Algiriya Pathiranage Nishani Shashikala**[1]
[1]*Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION
Parental stress is a significant concern in families of children with congenital heart diseases. The serious nature of these illnesses and their outcomes requires considerable strain on parents. This burden negatively affects them by further hindering their capacity to care for their child effectively.

OBJECTIVES
This study was conducted to assess parental stress and its associated factors among parents caring for children with congenital heart diseases at the cardiology clinic of Lady Ridgeway Hospital (LRH) , Sri Lanka.

METHOD
A descriptive cross-sectional study with an analytical component was conducted among parents of paediatric patients attending Cardiology Clinic, LRH. Participants were selected through consecutive and convenience sampling. Data were collected using an interviewer-administered questionnaire covering demographics, disease-related factors, and parental stress measured using a validated Parental Stress Scale (PSS) questionnaire. Categorical variables were described using proportions, and numerical variables using mean, standard deviation, and range. The Chi-square and Fisher's Exact test (when needed) were used for bivariate analysis ($p < 0.05$)..

RESULTS
A total of 120 parents participated with a response rate of 100%. The mean PSS score was 38.05 with SD = 8.688 out of a maximum score of 90, with 54.2% scoring below the sample mean. Parental stress was significantly associated with dissatisfaction regarding the support received from the partner (p=0.001), family (p=0.009), having multiple children (p=0.04), concerns about their child's daily activity limitations (p=0.009), and the presence of associated symptoms (p=0.01). No significant associations were found with socio-demographic or economic factors.

CONCLUSION
Parental stress was influenced by dissatisfaction with partner's and family's support, having multiple children, and concerns about the child's symptoms and daily activity limitations.

PP 131

VENTRICULOPERITONEAL TUBE EXTRUSION THROUGH ANUS IN A CHILD: CASE REPORT

K G L De Abrew[1], **S Kandasamy**[1], **S Jayasinghe**[1], **S Ragavan**[1], **K Sivakanthan**[1]
[1]*Teaching Hospital Batticaloa, Sri Lanka*

INTRODUCTION

Ventriculoperitoneal (VP) shunting is a common surgical intervention. Though it is generally considered safe, complications such as infections, obstructions, and malfunctions can occur. Migration of VP shunt catheter from its intended place is a rare complication. We report a case of a child who presented with migrated VP shunt through the anus which is an unusual but potentially life-threatening occurrence in paediatric patients

CASE REPORT

An 18-month-old child with congenital hydrocephalus and meningomyelocele presented with migrated distal peritoneal tip of shunt through anus. She had two VP shunts due to malfunction of the initial shunt.

On further inquiry, she had less activity and irritability for 2 days. But there was no evidence of meningitis or peritonitis on physical examination. Peritoneal end of shunt catheter protruded through anus while ventricular end was functioning. Xray confirmed the migrated VP shunt. Septic screening was negative including CSF analysis.

Surgery was performed to excise the proximal end of catheter. The distal end was removed via anus. After a short course of parenteral antibiotics, VP shunt was revised and patient was discharged. Child was further followed up at neurosurgical clinic.

DISCUSSION

Although trans anal migration of VP shunt is a rare complication, it can lead to life threatening complications such as ascending meningitis, ventriculitis and peritonitis. Therefore, the awareness of such complications will lead for careful monitoring of shunt systems and serves as a reminder of the life-threatening possibilities.

PP 132

INFANT FEEDING PRACTICES IN A UNIQUE URBAN LOW-INCOME MULTICULTURAL COMMUNITY: A CROSS-SECTIONAL STUDY

GDI Rodrigo[1], TADN Ranasinghe[1], ACS Kurukulasuriya[1], KN Kottage[1], AHMP Gunawardena[1], S Ranawaka[1], NS Athukorale[2], N Mudalige[3], MDBJ Gunathilaka[3], V Croos[3], Anuji Upekshika Gamage[1]

[1]*Faculty of Medicine, General Sir John Kotelawala Defense University, Sri Lanka,* [2]*Faculty of Medicine Colombo, Sri Lanka,* [3]*University Hospital KDU, Sri Lanka*

INTRODUCTION

Optimal infant feeding is essential for growth, development, and survival. In urban low-income communities, socio-economic and cultural factors often lead to practices that diverge from WHO-recommended Infant and Young Child Feeding (IYCF) guidelines. Colombo Municipality, a densely populated, ethnically diverse urban area in Sri Lanka, lacks adequate data on infant feeding behaviours.

OBJECTIVES

To assess infant feeding practices among mothers of infants aged 6–12 months in Colombo Municipality and identify deviations from IYCF recommendations.

METHOD

A cross-sectional study was conducted among 457 mothers attending child welfare clinics. Data were collected using a pre-tested, semi-structured, interviewer-administered questionnaire and analyzed using SPSS version 29.

RESULTS

The population included Tamil (39.6%), Muslim (33.3%), and Sinhalese (26.3%) mothers. Over half (51.7%) reported a monthly income below Rs. 50,000. Most mothers were over 25 years (69.8%) and had school-level education (81.2%). The mean infant age was 9.75 ± 1.9 months; mean birth weight was 2.90±0.47kg. Nearly half (49%) were firstborns. Exclusive breastfeeding for 6 months was reported by 76.4%, and 72.4% initiated complementary feeding at 6 months. However, 45.1% introduced rice Kanji water as the first food, and 61.5% delayed achieving a multi-mix diet beyond one month. Despite this, 91.7% ultimately met dietary diversity recommendations. Cup-and-spoon feeding was nearly universal (99.3%), and 77.9% met minimum meal frequency. Salt (56.1%) and sugar (52.1%) were commonly used. Eggs (45.7%) and dairy products (93.2%) were the primary animal protein sources. Mothers were the main feeders (94.1%). Feeding knowledge was good (26.9%), moderate (59.5%), or poor (13.6%).

CONCLUSIONS

While feeding timelines largely align with recommendations, early food consistency, dietary progression, and inappropriate use of salt and sugar remain concerns.

PP 133

MOTHERS AS STORYTELLERS: LANGUAGE STRUCTURES USED BY SINHALA-SPEAKING MOTHERS WHEN NARRATING STORIES TO THEIR CHILDREN.

Yashodha K K Hettiarachchi[1], V P Wickramasinghe[1], Tamara Handy[2], Christina Reuterskiöld
[1]*Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*Teachers College, Columbia University, USA,* [3]*Department of Biochemical and Clinical Sciences, Linköping University, Sweden*

INTRODUCTION

Narrative ability is a higher-level language skill required to create a story or describe an event. Children's narrative development is strongly linked to later literacy learning and academic success. Assessing narratives is considered a more ecologically valid approach to evaluate communicative competence of individuals. The lack of culturally sensitive assessments for narrative skills impacts best practices in education and health service provision for children with communication difficulties in Sri Lanka.

OBJECTIVES

The study is part of broader research that investigates the language elements in preschool children's stories. A specific objective was formulated to explore the language structures used by parents when telling stories to their children.

METHOD

Twenty mother-child dyads were recorded when mothers told the story of the hare and the tortoise to preschool aged children, using pictures. Stories were analyzed for overall structure and three linguistic parameters; mean length of utterance (MLU), use of conjunctions, and referential cohesive markers. Ethical approval was obtained from the ethics review committee of the Faculty of Medicine, University of Colombo (EC-20-033).

RESULTS

All parents began with the discourse marker /onnə/, followed a story grammar sequence, and ended with the moral lesson. Some engaged the child as a co-narrator and asked questions to establish the overall story structure, especially the characters and the setting. Most parents used child-friendly names for the characters and similar patterns of code-mixing in English and Sinhala. MLU was calculated with the total number of morphemes and the number of utterances in a story (M = 12.407, SD = 2.75). Nine different conjunctions and four different anaphoric referential cohesive markers were identified.

CONCLUSIONS

The findings reflect how parents, as primary linguistic models for children, organize language when telling stories.

PP 134

CASE REPORT OF SIALURIA

M H Kumasaru[1], **S Jayawardhane**[1], **U I Upamali**[1], **A L Cooray**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Sialuria is a rare metabolic disorder characterised by the excessive synthesis of sialic acid, a sugar that attaches to molecules on cell surfaces. This autosomal dominant condition arises from a mutation that leads to defective inhibition of the enzyme involved in sialic acid production. The French type, the most common form, results from a mutation in the protein encoding the enzyme uridine diphosphate-N-acetylglucosamine-2-epimerase on chromosome 9p13. This mutation leads to the overproduction of sialic acid, which accumulates in the body, causing organomegaly and excessive urinary excretion of sialic acid. Affected individuals may present with neonatal jaundice, coarse facies, organomegaly, mild developmental delay, and convulsions.

CASE REPORT

Antenatally, he was diagnosed with heart disease, and postnatally, he was confirmed to have complex cyanotic heart disease. While awaiting cardiac intervention, at around 2 years of age, he presented with abdominal distension, without features of heart failure. Additionally, he had mild developmental delay and severe acute malnutrition, which were detected during further evaluation. On examination, aside from the features of cyanotic heart disease, he exhibited coarse facies and hepatomegaly. Initial metabolic workup showed slightly elevated aspartate amino transferase levels, but other investigation findings were not indicative of any metabolic disorder. An ultrasound scan revealed hepatomegaly. Finally, a genetic referral was made, and a diagnosis of Sialuria was confirmed through Whole Exome Sequencing (WES).

DISCUSSION

Currently, there is no curative treatment for Sialuria. The mainstay of management is supportive care. Supportive management should address jaundice, anaemia, and convulsions. Early intervention for developmental delay should be initiated, and periodic screening is required for liver derangement and potential complications. Finally, genetic screening and counselling for parents are essential.

PP 135

REVERSE DIFFERENTIAL CYANOSIS IN A PRETERM NEONATE: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

M H S M Hassan[1], B M De Silva[1], D V Pemarathne[1], P H S Jayaweera[1], H M S Y Herath[1], M M F Asrin[2]
[1]*Teaching Hospital Badulla, Sri Lanka,* [2]*Colombo South Teaching Hospital, Sri Lanka*

INTRODUCTION

Reverse differential cyanosis (pre-ductal SpO_2 lower than post-ductal SpO_2) is a very rare but critical neonatal sign. It is associated with d-transposition of the great arteries (dTGA) with persistent pulmonary hypertension of the newborn (PPHN) or dTGA with coarctation or interruption of the aortic- arch and supra-cardiac total anomalous pulmonary venous return.

CASE REPORT

A 34-week, 1.9kg preterm baby was delivered via emergency caesarean section due fetal distress. The baby was depressed at birth (Apgar 3 at 1 minute, 4 at 5 minutes and 6 at 10 minutes) requiring intubation and ventilation.

On initial assessment, pre-ductal SpO_2 was 85% and post-ductal SpO_2 was 90%. Femoral pulses were palpable, and a grade 2 systolic murmur was audible. Chest x-ray revealed mild surfactant-deficient lung disease with cardiomegaly.

Despite optimization of ventilation, reverse differential cyanosis persisted. A bedside 2D echocardiogram revealed dTGA with severe PPHN, a moderate-sized patent ductus arteriosus (shunting from the pulmonary artery to the aorta), and a small ostium secundum atrial septal defect.

Subsequently, the baby began to desaturate further as the degree of overall hypoxaemia worsened. Inhaled nitric oxide (iNO) was initiated, resulting in a good response with improved saturation and resolution of the reverse differential cyanosis; iNO was gradually weaned, and oral sildenafil was introduced as bridging therapy.

On the following day, prostaglandin E1 infusion was commenced to maintain ductal patency. A follow-up echocardiogram showed a significant reduction in pulmonary pressures.

The baby was subsequently transferred to the cardiology unit at Lady Ridgeway Hospital, where an arterial switch operation was performed on day 5. The postoperative course was uneventful, and the baby was discharged on day 18 following complete stabilization

DISCUSSION

This case highlights the importance of reverse differential cyanosis as a key diagnostic clue for dTGA with PPHN. Early recognition, targeted management and timely surgical intervention are crucial for optimal outcomes.

PP 136

THE COEXISTENCE OF PRUNE BELLY SYNDROME AND URORECTAL SEPTUM MALFORMATION SEQUENCE: A RARE CASE WITH PROLONGED SURVIVAL

Savindi Kasturiarachchi[1], Dilena Munasinghe[1], Rajayana Jayarathne[2], Nisansala Wijekoon[3], Chathurika Nawarathna[1], Jagath C Ranasinghe[1]

[1]*Premature Baby Unit, District General Hospital, Nawalapitiya, Sri Lanka,* [2]*Obstetric and Gynaecology Unit, District General Hospital, Nawalapitiya, Sri Lanka,* [3]*Paediatric Unit, District General Hospital, Nawalapitiya, Sri Lanka.*

INTRODUCTION

Coexistence of Urorectal Spectrum Malformation Sequence (URSMS) with Prune Belly Syndrome (PBS) is extremely rare. Many resulted in intrauterine deaths. URSMS full sequence is lethal. We report a baby with both entities, who survived two months following standard surgeries to maintain urine and faecal passage.

CASE REPORT

The surviving baby of a DCDA twin pregnancy with one vanishing twin, antenatally diagnosed to have megacystis and lower urinary obstruction causing oligohydramnios at 23 weeks gestation, was diagnosed as PBS. Aspirin was started in the 2nd trimester and continued till term. Due to fetal growth restriction and oligohydramnios, serial biometric ultrasound scans (USS) including modified bio-physical profile and umbilical artery doppler (normal throughout antenatal period) were carried out to monitor the fetal wellbeing. Baby delivered at 37 weeks spontaneously (1810g) with normal APGAR (9,10,10). Baby was found to have wrinkled abdominal skin with complete abdominal muscle aplasia, absent urethra with persistent Urachus, imperforate anus and ambiguous genitalia. All limbs had preserved mobility with no structural deformities. X-ray showed abdominal distension with well-developed, expanded lungs. Due to respiratory distress, the baby was intubated and ventilated from day 1 to 3 while receiving NICU care at a tertiary hospital and undergoing surgery to create a sigmoid colostomy and catheterization of the urachus. Breast feeding was established by day 10 and discharged on day 14. On review at day 26, a good weight gain was noted. USS of brain and abdomen revealed evidence of colpocephaly and bilateral mild hydronephrosis, hydroureters and a grossly dilated thin-walled bladder. Testes were not identified. Karyotype was 46XY. The baby succumbed to sepsis on day 62.

DISCUSSION

Coexistence of PBS with URSMS is extremely rare. It's worth exploring further options in the non-lethal sequalae for better outcomes. This case highlights the importance of early surgical interventions and a multidisciplinary approach for prolonged survival.

PP 137

AUDIT REPORT ON HAND HYGIENE COMPLIANCE AMONG HEALTHCARE WORKERS AT NEONATAL INTENSIVE CARE UNIT (NICU), TEACHING HOSPITAL BADULLA

M H S M Hassan[1], **B M De Silva**[1], **D V Pemarathne**[1], **P H S Jayaweera**[1], **K A C J J Rathnayake**[1], **H M S Y Herath**[1], **M M F Asrin**[2]
[1]*Teaching Hospital Badulla, Sri Lanka,* [2]*Colombo South Teaching Hospital, Sri Lanka*

INTRODUCTION

Proper hand hygiene (HH) is a mainstay of infection prevention, especially in neonatal intensive care units (NICUs) where neonates are prone to healthcare-associated infections. An audit was conducted at the NICU of Teaching Hospital Badulla to assess HH compliance among healthcare workers (HCWs), followed by an intervention and re-audit to measure improvement

OBJECTIVES

To assess baseline HH compliance, implement structured interventions and re-evaluate for improvement.

METHOD

The World Health Organization (WHO) Five Moments for HH framework was set as the audit standard. Observations were made by blinded, randomly assigned five trained HCWs using the WHO tool. HH was observed for one-hour sessions and compliance percentage (CP) was calculated in each moment and each HCW categories. The initial audit was conducted from 1/10/2023 to 30/11/2023. Then, health education programs and workshops were conducted in December 2023. The re-audit was done from 1/1/2024 to 29/2/2024.

RESULTS

During the initial audit, 480 HH observations were made. Overall CP was 55%. HCWs specific compliance was highest among doctors (62.9%), followed by nurses (53.6%) and healthcare assistants (43.3%). Compliance according to the WHO Five Moments for HH - before touching a patient (1), before an aseptic procedure (2), after body fluid exposure risk (3), after touching a patient (4), after touching patient surroundings (5) were 65.5%, 61.8%, 51.5%, 48.2% and 48.2% respectively.

In the re-audit, 500 HH observations were made. Overall CP was markedly increased to 92.8%. HCWs specific compliance improved significantly, with doctors achieving 96%, nurses 91.6% and healthcare assistants 90.6%. Compliance across all five WHO Moments also increased notably:1 – 94.8%, 2 – 91.6%, 3 – 90.3%, 4 – 93.8% and 5 – 92.3%.

CONCLUSIONS

Implementation of structured health education programmes and strict HH policies lead to significant improvements in HH compliance among HCWs.

PP 138

RISK FACTORS AND PATTERNS OF MALE CHILD MALTREATMENT IN THE GAMPAHA DISTRICT: A THREE-YEAR RETROSPECTIVE ANALYSIS

Hashan Pathiraja[1], **Shobhavi Randeny**[1]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION
Child maltreatment, particularly among boys, remains a significant unraveled public health concern. The reporting of cases of boys is less compared to girls, even though the incidence of maltreatment is rising with boys in the community.

OBJECTIVES
Describe the abuse-related characteristics of male children. Identify the patterns and types of abuse (sexual vs. physical) and the profiles of perpetrators involved in male child abuse cases. Examine the associations between selected risk factors and the occurrence of different types of abuse among male children.

METHOD
A retrospective review of 80 reported cases of boys was conducted. Descriptive statistics and Chi-square tests were used to evaluate associations between types of maltreatment and factors such as other associated behavioural disorders and IQ categories.

RESULTS
Male maltreatment accounted for 19% of all child maltreatment reported to the unit out of which, sexual abuse accounted for 41% (n=33) of cases, child neglect accounted for 38% (n=30), while 21% (n=17) experienced physical abuse. Perpetrators included family members (42%), non-relatives (32%), and strangers (3%). Amongst the boys who were sexually abused, 42% were groomed by the perpetrators before the act and exposure to pornography was reported in 24%. Illicit substances were used by 18% among these boys. Sexual abuse by gangs was reported in 18%, unfortunately; 47% were diagnosed with ADHD, and a significant association was found between sexual abuse and ADHD ($p=0.002$). Physical abuse was significantly correlated with the presence of domestic violence ($p<0.001$). IQ levels did not show a statistically significant association with the presence of sexual abuse ($p=0.164$).

CONCLUSIONS
ADHD and domestic violence emerged as significant correlations of abuse of boys, highlighting the need for targeted interventions.

PP 139

TEENAGE PREGNANCIES FOLLOWING SEXUAL ABUSE: IMPLICATIONS FOR CHILD PROTECTION

L D R Nadeeshan[1], **Shobhavi Randeny**[1]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

Teenage pregnancies resulting from sexual abuse pose significant health, social, cultural and legal challenges. In Sri Lanka, the age of consent is 16 years, and reporting teenage pregnancies following abuse is a mandate.

OBJECTIVES

To describe the circumstances surrounding the abuse, pregnancy outcomes, and post-pregnancy care pathways and identify gaps in reproductive health education and child protection services.

METHOD

Data extracted from the admissions to the Child Protection Unit in the Teaching Hospital Ragama revealed 15 teenage pregnancies following sexual abuse during the last two years. Information on social status, pregnancy outcomes, post-pregnancy schooling, contraception use, reproductive health awareness and details of the perpetrator were analysed.

RESULTS

A boyfriend of older age was the perpetrator in 10 of them. In other cases, the perpetrators were young school-age four boyfriends (16–17 years). One perpetrator was an older schoolteacher. Social media has led to initiating relationships and grooming activities. Dysfunctional family structure was associated in 13 of them; three of them had intellectual disability, and four exhibited undiagnosed hyperactive behaviour.

Seven girls were placed in maternity care homes during the antenatal period, and one pregnancy was terminated due to maternal mental health; 14 healthy babies were delivered, and five of them were handed over for legal adoption. Seven babies were cared for by the teenagers, while only two babies were cared for by grandmothers. Three girls were placed in child development centres post-delivery.

Thirteen girls dropped out of the school after the incident. Eight were primary caregivers for their babies. Three were directed to vocational training. Four girls were living with the perpetrator. Thirteen girls were on hormonal contraception post-pregnancy, yet reproductive health awareness was poor (self-assessed scores: 0–4/10 on a Likert scale).

CONCLUSIONS

This case series highlights the urgent need for strengthened child protection services and proper reproductive health education.

PP 140

PARVOVIRUS B19-ASSOCIATED COLLAPSING GLOMERULOPATHY PRESENTING WITH RAPID PROGRESSION TO END-STAGE RENAL DISEASE: A CASE REPORT

Nadeesha Jayasekara[1], Sadini Gunarathna[2], Abiramie Jeykrishna[1], Dulani Nelson[1], Hashan Silva[1], Keshinee Mario[1], Sanjeewana Wickramasinghe[1], Randula Ranawaka[1,3]

[1]*University Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,*
[2]*Histopathology unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,*
[3]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Collapsing glomerulopathy (CG) is a distinct and aggressive variant of focal segmental glomerulosclerosis (FSGS). It often carries a poor prognosis with rapid progression to end-stage renal disease (ESRD). While Human Immunodeficiency Virus (HIV) is a well-recognized etiological factor, parvovirus B19 is a much rarer but emerging association. We present a paediatric case of parvovirus B19-associated CG resulting in rapid progression to ESRD.

CASE REPORT

A previously healthy child presented with symptoms of upper respiratory tract infection and was found to have anaemia on evaluation. Clinical examination revealed pallor, facial swelling, and a blood pressure of 125/87 mmHg. Laboratory investigations revealed severe renal dysfunction (serum creatinine 401 µmol/L), metabolic acidosis (pH 7.1, HCO_3 6.1 mmol/L), hypocalcaemia (1.1 mmol/L), hyperphosphatemia (2.67 mmol/L), and elevated ALP (1420 IU/L). Haemoglobin was 7.1 g/dL, with normal white cell and platelet counts. Urinalysis showed only trace albuminuria. Renal ultrasound demonstrated increased cortical echogenicity with preserved kidney sizes.

Autoimmune and vasculitis screens, including ANA, complement levels, C-ANCA, and P-ANCA, were negative. Renal biopsy revealed 19 viable and 5 globally sclerosed glomeruli, all showing glomerular tuft collapse with dilated Bowman's space. Immunofluorescence was negative. Parvovirus B19 PCR showed a high viral load (9.12×10^3 IU/mL). Bone marrow biopsy demonstrated erythroid hypoplasia.

The child received intravenous immunoglobulin (IVIG) at 0.4 g/kg/day for 5 days. This resulted in a decline in viral load and an improvement in anaemia. Despite therapy, renal function progressively deteriorated, and renal replacement therapy was initiated six months post-presentation.

DISCUSSION

Parvovirus B19 should be considered in the differential diagnosis of CG, especially in children with concurrent anaemia. Early diagnosis and timely intervention are vital, although prognosis remains guarded due to the rapid progression to ESRD.

PP 142

AUDIT ON VITAL PARAMETERS OF NEONATES ADMITTED TO A TERTIARY CARE NEONATAL UNIT IN COLOMBO

H M R I Prasad[1], **B T Hettiarachchi**[1], **S Niththiyaruban**[1], **M S A Razick**[1], **A A H S Aruppala**[1], **M L K De Silva**[1], **S D Anandha**[1], **S Basnayake**[1]
[1]*Neonatology Unit, Lady Ridgway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Neonatal transport is a rapidly developing field in Sri Lankan neonatal healthcare. Lady Ridgeway Hospital (LRH) is the country's leading paediatric referral centre and houses a tertiary care neonatal unit that serves as the primary referral centre for critically ill neonates. All patients admitted to the Neonatal Unit (NNU) at LRH come from external transfers (from other units of LRH or other hospitals), as there is no associated obstetrics unit. Ensuring normothermia, normoglycaemia, and adequate circulation during transport is crucial for enhancing neonatal outcomes.

OBJECTIVES

To evaluate whether the vital parameters of transferred neonates are maintained within the expected range upon admission to the NNU.

METHOD

The blood sugar, temperature, heart rate, respiratory rate, and oxygen saturation of all neonates were recorded upon admission to the neonatal unit between 5th November 2022 and 5th December 2022, covering one month

RESULTS

Data from 30 neonates were analysed.

- 25% of the babies were transferred from other units of LRH, while 75% came from other hospitals.
- 63.2% of the neonates had normothermia, while 10% were hyperthermic. 26.6% were hypothermic, and out of that, 13.3% showed cold stress, while 13.3% had moderate hypothermia.
- All neonates had blood glucose levels within the normal range.
- 10% exhibited tachycardia without fever.
- 10% of babies who were not on ventilatory support had tachypnoea.
- 13.3% of the neonates had oxygen saturation levels below 91% without clinical evidence of cyanotic congenital heart disease.

CONCLUSIONS

A greater emphasis should be placed on maintaining vital parameters during neonatal transport, particularly on thermoregulation.

PP 143

DIGITAL DIETARY ASSESSMENT: CAN INTAKE24 ACCURATELY CAPTURE SRI LANKAN CHILDREN'S DIETARY QUALITY?

M H T K Chandrasiri[1], L K Athauda[2], A Kasturiratne[2], G Frost[3], N Forouhi[4]
[1]*Global Health Research Unit, University of Kelaniya, Sri Lanka,* [2]*Department of Public Health, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [3]*Department of Metabolism, Digestion and Reproduction, Faculty of Medicine, Imperial College, London, United Kingdom,* [4]*MRC Epidemiology Unit, Institute of Metabolic Science, University of Cambridge, School of Clinical Medicine Cambridge, United Kingdom*

INTRODUCTION
Dietary quality assessment in children is important for research and planning interventions. Traditional dietary assessment methods face challenges regarding reliability and feasibility. Intake24 (24 hour online dietary assessment tool) presents a potential solution, yet its feasibility and validity in assessing Sri Lankan children's dietary quality has not been studied.

OBJECTIVES
This study assessed the feasibility, usability and validity, of Intake 24 as a dietary assessment tool among Sri Lankan children aged 8 – 12 years.

METHOD
Ethical approval for this study was obtained from the Ethical Review Committee (ERC) of Faculty of Medicine, University of Kelaniya (P/137/11/2022). Content validity was assessed through expert opinion using a questionnaire based on literature. Relative validity was determined by comparing Intake24 dietary recalls to direct diet observations during school midday meals of children aged 8–12 years. System Usability Scale (SUS) measured the usability of Intake24, and feasibility was evaluated via a questionnaire circulated among 17 enumerators. Total dietary energy intake from Intake24 was compared to estimated energy expenditure to assess its reporting accuracy using Bland-Altman analysis.

RESULTS
Content Validity Index (S-CVI) score of Intake24 was 0.72, indicating reasonable expert agreement on item relevance, with an average of 0.90 for items considered relevant by ten experts. Usability of Intake24 measured by the SUS, averaged 77.65, suggesting moderate usability. Direct observations and recalls showed a 63% match rate. Intake24 database had minimal missing foods (n=68, 0.5%), indicating comprehensive coverage. Intake24 over-reported (difference=186) dietary intake compared to the energy expenditure method. Regarding feasibility, 70% (n=12) of enumerators struggled to find certain foods and drinks. Enumerators agreed that Intake24 accurately captured children's diets (94%, n=16).

CONCLUSIONS
Intake24 demonstrates potential as a tool to assess diets of children aged 8–12 years who consume a Sri Lankan diet.

PP 144

DESCRIBING THE KNOWLEDGE, PRACTICE, AND ATTITUDE OF CAREGIVERS ON PAEDIATRIC ORAL DOSAGE FORMS AND DOSE ACCURACY IN THE SELECTED MEDICAL OFFICER OF HEALTH AREA IN SRI LANKA

P M C G Karangoda[1], **H M D R Herath**[1], **G P S G Senadheera**[1], **A Nadeshkumar**[1]
[1]*Department of Pharmacy and Pharmaceutical Sciences, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION
The caregivers' knowledge, practices, and attitudes toward paediatric oral dosage forms and dose accuracy, were crucial for the safe and effective treatment of children.

OBJECTIVES
To describe the knowledge, attitude, and practice of caregivers on paediatric oral dosage forms and dose accuracy in the Nugegoda MOH area.

METHOD
A descriptive cross-sectional study was conducted at four selected maternal and childcare clinics in the Nugegoda MOH area. Caregivers (n=396) were selected using a systematic sampling method. The data were collected using an in-house developed pre-validated, interviewer administered questionnaire. For descriptive statistics, Chi-square was used to analyse the results (p= 0.05). Ethical approval was obtained (ERC/B.Pharm 03).

RESULTS
Only 61.1% identified all four dosage forms (tablets, capsules, syrup, and powder), and 30.6% knew that enteric-coated tablets should not split. Many (76.8%) misinterpreted expiry dates. Only 16.5% knew to re-dose if a child vomited. While 65.2% understood the need to complete antibiotic courses, only 52% correctly interpreted "twice a day" dosing, and 4.3% were aware of "three times a day" intervals. A small percentage (3.5%) followed all steps for reconstituting powder for suspensions. Caregivers used boiled, cooled water (89.4%) for reconstitution and stored the reconstituted medicines properly (85.6%). Most caregivers used appropriate measuring devices for measuring liquids and were aware that the entire dose should be given (66.4%). Liquid forms were preferred (59.8%). Caregivers (81.1%) believed that oral dosage forms can be easily administered to the children. There was a significant association(P> 0.05) between education and medium used for reconstitution, storage and splitting technique.

CONCLUSIONS
Findings highlight the need to improve the knowledge of caregivers on reconstitution techniques and medicine administration.

PP 145

RECOGNITION OF DELAYED MANIFESTATIONS OF IMMUNE-MEDIATED ENCEPHALITIS

H Munasinghe[1], **P D Rathnayake**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Varicella-zoster virus (VZV) encephalitis is a neurological complication associated with the varicella-zoster virus. This virus causes varicella (chickenpox) during primary infection and herpes zoster (shingles) upon reactivation. Although VZV infections are common, encephalitis is a rare occurrence, with an estimated incidence of 1–2 cases per 10,000 varicella cases. This condition primarily affects adults and infants. We present a rare case of aphasia following varicella encephalitis."

CASE REPORT

A previously healthy and developmentally normal 12-year-old boy, who recently had a chickenpox infection, developed status epilepticus followed by persistent drowsiness and impaired consciousness while on oral acyclovir treatment.

On examination, he had a low Glasgow Coma Scale (GCS) score of 6/15 and exhibited upper motor neuron signs in both upper and lower limb examinations. His cerebrospinal fluid (CSF) analysis showed lymphocytosis with normal protein and glucose levels. An initial CT brain scan was normal, and an EEG revealed diffuse slowing, suggestive of encephalitis.

Due to the low GCS, the child was intubated and ventilated for one week and managed for varicella encephalitis. He was treated with antibiotics, antiviral medication, immunoglobulin, and steroids, followed by five plasma exchange (PLEX) cycles. Following treatment, the child improved and was extubated. His EEG also normalized. However, he had persistent expressive aphasia.

Repeat brain imaging revealed hyperintense signals in the thalamic region, prompting an additional dose of immunoglobulin, which resulted in improved speech.

DISCUSSION

Varicella encephalitis is very rare, and post-varicella aphasia, which is even rarer, causes significant comorbidity. Early identification and immunoglobulin administration are crucial to reduce this comorbidity significantly.

PP 146

A CLINICAL AUDIT ON THE PRACTICE OF DELAYED CORD CLAMPING IN A SECONDARY HEALTH CARE FACILITY IN SRI LANKA

Savindi Kasturiarachchi[1], **Dilena Munasinghe**[1], **Lihil Sumithraarachchi**[2]
[1]*Premature baby unit, District General Hospital Nawalapitiya, Sri Lanka,* [2]*Obstetric and Gynaecology unit, National Hospital Kandy, Sri Lanka.*

INTRODUCTION
Delayed cord clamping (DCC) is when the cord is clamped more than 1 minute after birth or when cord pulsations have ceased. Early cord clamping (ECC) is when it's carried out within the 1st minute after delivery. DCC is shown to have numerous short- and long-term benefits to both infants and mothers.

OBJECTIVES
To calculate rates of practising DCC, assess level of knowledge regarding DCC and identify reasons for non-adherence to DCC by health staff involved in delivery of babies at DGH Nawalapitiya.

METHOD
All doctors, nurses and midwives involved in the delivery of babies in DGH Nawalapitiya from 25th January to 25th March, 2025 were selected. A pretested, self-administered questionnaire was given to each participant comprising questions related to practices of cord clamping, reasons for the mentioned practices and knowledge regarding current guideline recommendations. Staff with less than 1 year of experience in the field were excluded.

RESULTS
The study included 70 participants; 12 doctors, 40 nurses and 18 midwives, with a mean 8.8-year service duration. Only 30%(n=21) practiced DCC while 70%(n=49) practiced ECC. A good knowledge on guideline recommended practice of DCC was seen in only 17%(n=2) doctors and 10%(n=4) nurses. 50%(n=6) doctors, 55%(n=22) nurses and 66%(n=12) midwives showed average knowledge. Out of those with good and average knowledge, only 17%(n=1) and 30%(n=12) practiced DCC, respectively. The main reasons for not practicing DCC were that they believed it to increase the risk of neonatal hypothermia and maternal postpartum haemorrhage due to prolongation of the 3rd stage of labour and duration of caesarean section.

CONCLUSIONS
8.6% had good knowledge regarding DCC, of which only 1/6th implemented it in practice. Irrespective of knowledge, only 1/3rd practiced DCC, as they believed it to cause both maternal and neonatal adverse effects.

PP 147

A RARE CASE OF SCRUB TYPHUS COMPLICATED WITH SUBDURAL EMPYEMA

N K C Heshani[1], J Prathibha Kariyawasam[1], M I Jayarathna[2], M A U Senarthna[1]
[1]*Base Hospital Walasmulla, Sri Lanka,* [2]*National Hospital Galle, Sri Lanka*

INTRODUCTION

Scrub typhus is an arthropod-born infectious disease. The infecting organism is *Orientia tsustsugamasi.* It is an acute febrile illness which can rarely lead to multisystemic involvement. The clinical presentation and multisystemic involvement have a significant variation which leads to misdiagnosis and failure in diagnosis. The latter is usually identified from the second week of disease onset. The central nervous system (CNS) involvement is rare. The acute neurological manifestations are meningitis, encephalitis or meningoencephalitis.

CASE REPORT

A five-year-old girl presented with fever for three days, vomiting multiple times and on and off frontal headache. She developed two episodes of afebrile fits on third and fifth day of fever. She was healthy apart from having selective mutism.

On examination, she was febrile, ill-looking and less active. Eschar was found behind the neck at hairline.

Blood investigations revealed neutrophil leucocytosis with a C-reactive protein of 112. Other laboratory and microbiological investigations were normal.

Electroencephalogram (EEG) revealed evidence of left temporal dysfunction. Repeat EEG was abnormal with asymmetrical and prominent left temporal slowing (T3 and T5) hyperventilation show slight asymmetrical response where slowing is comparatively dominant over left hemisphere.

Magnetic resonance imaging of the brain showed subdural empyema in left temporoparietal region with marked dural thickening in left cerebral convexity sparing occipital region of left hemi cranium and sinusitis in right posterior ethmoid and right sphenoid sinuses.

The patient was treated as scrub typhus, with intravenous ceftriaxone infusion for 7 days. She was started with oral levetiracetam. Functional endoscopic sinus surgery was done for sinusitis. The repeat NCCT brain showed resolving subdural empyema.

DISCUSSION

This case describes a rare presentation of scrub typhus involving CNS infection complicated with subdural empyema. This presentation is important as it emphasizes the need for early detection of multi-system involvement of scrub typhus

PP 148

A RARE TRIAD OF NEUROVASCULAR COMPLICATIONS IN PAEDIATRIC T-CELL ACUTE LYMPHOBLASTIC LEUKAEMIA: HYPERTENSIVE ENCEPHALOPATHY, CEREBRAL VENOUS SINUS THROMBOSIS, AND HAEMORRHAGIC INFARCTIONS

D P S Govinnage[1], K K I Sandeepani[1], E A H A Edirisinghe[1], U D C Udayangani[1], Manel Panapitiya[1].
[1]*Paediatric Unit, Colombo North Teaching Hospital, Ragama, Sri Lanka.*

INTRODUCTION

T-cell acute lymphoblastic leukaemia has a poor prognosis which requires intensive chemotherapy. Although treatment advances have improved the outcome, serious neurological complications such as cerebral venous sinus thrombosis, hypertensive encephalopathy and cerebral infarctions may occur due to multifactorial causes. Chemotherapy induced endothelial injury and vascular remodeling, prothrombotic states and blood pressure dysregulation are the leading causes. Early interventions are essential to improve the neurological outcome and reduce mortality.

CASE REPORT

An 8-year-old girl who was diagnosed to have T-cell acute lymphoblastic leukaemia, presented with generalized tonic-clonic seizures followed by prolonged drowsiness during the second cycle of induction chemotherapy. Her pupils were asymmetric and slowly reactive, Glasgow coma scale score was 10/15 and she had hypertensive encephalopathy and elevated intracranial pressure which required immediate intubation. Non-contrast computed tomography of the brain revealed multiple focal haemorrhagic infarctions and superior sagittal sinus thrombosis. Other biochemical investigation were normal. Her recent neuroimaging didn't reveal any brain metastasis. She was managed with intravenous antihypertensives, antiepileptic therapy and neuroprotective measures. For the venous sinus thrombosis, low molecular weight heparin was initiated. She was successfully extubated after 3 days and neurological improvement was gradual.

DISCUSSION

The most neurotoxic chemotherapeutics are L-Asparaginase, methotrexate and vincristine and immunotherapy is CAR-T cell therapy. Mechanism of neurotoxicity is still unknown and may be due to disruption of blood brain barrier and effects of elevated cytokine level on the central nervous system. Methotrexate toxicity is having a genetic predisposition. In chemotherapy, the key question is whether re-exposure to chemotherapy following major neurological event is appropriate and how to use genetic testing results indicating higher potential for neurotoxicity. Corticosteroids and interleukin-6 targeted therapies are often used to treat neurotoxicity. There is a need for research-based studies and guidelines for the management of neurotoxicity which reduce the fatal outcomes.

PP 149

SLEEP QUALITY IN PAEDIATRIC ASTHMA: IMPLICATIONS FOR ASTHMA CONTROL AND COMPARATIVE ANALYSIS WITH AGE- SEX MATCHED HEALTHY CHILDREN

N Umasankar[1], **S Luksiga**[1], **S Yadhury**[1]
[1]*Department of Paediatrics Faculty of Medicine University of Jaffna, Sri Lanka*

INTRODUCTION
Asthma is a common chronic disease in children, often causing nocturnal symptoms. Sleep quality plays a vital role in paediatric health, particularly in children with asthma, where poor sleep can exacerbate disease control. Understanding the relationship between sleep quality and asthma management is crucial for optimizing the treatment outcomes.

OBJECTIVES
The purpose of this study is to assess the sleep quality in children with asthma, and to compare the quality of sleep with age and sex matched healthy children.

METHOD
A prospective cross sectional comparative study was conducted among 101 children who were diagnosed with asthma on steroid prophylaxis attending Paediatric clinics, Teaching hospital Jaffna. The study was conducted using an interviewer administered questionnaire. Asthma control was measured using Childhood Asthma Control test (C-ACT) and the sleep quality was measured using Pittsburgh Sleep quality Index (PSQI). A group of age and sex matched 101 healthy children were recruited for comparison.

RESULTS
The mean age of the children was 9.5±2.8 years, with majority diagnosed with mild persistent asthma (72%). Children with asthma exhibited poor sleep quality compared to healthy children, as reflected in PSQI mean scores (healthy children vs asthmatic children 2.60±1.58 vs 2.80±1.81). However, the total PSQI score did not significantly differ between two groups (r value= -0.046, p value- 0.513). Poor sleep quality was associated with worse asthma control (H value- 7.371, df- 2, p value- 0.025) and higher day time fatigue (r value= -0.14, p value 0.037). Regression analysis identified sleep disturbances as independent predictors of poor asthma control (R value- 0.313, p value- 0.001).

CONCLUSIONS
This study highlights the significant impact of sleep quality on asthma children. Compare to age- sex matched healthy children, asthmatic children experienced more sleep disturbances and poor sleep quality.

PP 150

SUBCUTANEOUS FAT NECROSIS FOLLOWING BCG VACCINATION IN AN INFANT: A RARE, VACCINE-ASSOCIATED COMPLICATION

K T R Jayasanka[1], **G Gunathilaka**[1], **Aruna De Silva**[2]
[1]*National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Subcutaneous fat necrosis of the newborn (SCFN) is a rare inflammatory condition affecting the adipose tissue, typically presenting in full-term or post-term infants during the first few weeks of life. It is characterized by firm, erythematous or purplish, indurated plaques, which are usually tender and appear on areas such as the cheek, shoulder, buttocks, and calves. Although the condition generally resolves spontaneously, it can be complicated by hypercalcemia, which can be life-threatening. While SCFN is often associated with perinatal stress, it is essential to consider rare causes of panniculitis. This report presents a case of SCFN in an infant following BCG vaccination in Sri Lanka.

CASE REPORT

We report a 3-week-old female infant, born at 38 weeks of gestation via uncomplicated vaginal delivery, presenting with skin lesions over the back and right upper limb. Her clinical history revealed irritability, poor feeding, and a 12% weight loss in the first few days of life, which improved with breastfeeding support. At 3 weeks of age, erythematous, firm, and tender skin lesions were identified, leading to the diagnosis of SCFN. Biochemical tests revealed hypercalcemia with a corrected calcium level of 3.4 mmol/L. Management included intravenous hydration, furosemide, and oral prednisolone, with clinical improvement. At 4 months, the infant developed fever and abscesses at the BCG scar and axilla, which led to a diagnosis of disseminated tuberculosis, confirmed by positive tuberculosis polymerase chain reaction. Further investigation revealed Immunodeficiency 41, characterized by abnormal T-cell proliferation and normal B-cell development.

DISCUSSION

SCFN, though rare, can present with significant complications, including hypercalcemia. Tuberculosis should be considered in the differential diagnosis, particularly following BCG vaccination, and immune deficiency workup is crucial in such atypical cases. Identifying the underlying cause allows appropriate management, such as timely initiation of anti-TB therapy, and ensures optimal outcomes for the infant.

PP 151

A RARE CASE OF VARICELLA LEADING TO TOXIC SHOCK SYNDROME, MYOCARDITIS AND ACUTE RESPIRATORY DISTRESS SYNDROME IN AN 11-YEAR-OLD BOY

K K I Sandeepani[1], **Roshan Senarathna**[1], **Chaminda Liyanage**[1]
[1]*Paediatric Unit, Teaching Hospital Badulla, Sri Lanka*

INTRODUCTION

Varicella cutaneous lesions superimposed with pyogenic bacteria namely Group A beta hemolytic streptococci and TSST1 producing staphylococcus is a major complication resulting in Toxic shock syndrome which is life threatening.

CASE REPORT

An 11-year-old boy with the final diagnosis of toxic shock syndrome presented with high fever, vomiting, profuse diarrhoea and generalized sunburn like rash with mucosal erythema 7 days following development of varicella skin lesions. The parents had applied a herbal oil for three days on the ruptured vesicles. A vesicle on the chest has been infected and it has been complicated with abscess formation with large oozing necrotic foci. He was having septic shock, severe myalgia with CPK 1200, renal hypofunction with high serum creatinine and acute tubular necrosis, hepatitis with ALT-567IU/L, AST – 480 IU/L , thrombocytopenia 98,000/mm^3 and he was drowsy without focal neurological signs. He was having respiratory distress and CXR showed acute respiratory syndrome and it was worsening rapidly over 24 hours requiring intubation and ventilation. He was started on intravenous (IV) clindamycin, IV vancomycin with IV piperazine tazobactam and IVIG 1g/kg with IV methylprednisolone pulses.

In spite of aggressive fluid therapy and antibiotics, inotropic support and deep fasciotomy he was rapidly deteriorating and found to have cardiogenic shock due to myocarditis; supported by 2D Echocardiogram and high Troponin I. Unfortunately, he got cardiac arrest and died in spite of cardiopulmonary resuscitation.

DISCUSSION

While evaluating complicated Varicella with multiorgan failure should be mindful of the potential risk of having toxic shock syndrome. Pyogenic abscess are ideal foci for TSST/exotoxin forming pathogens. Early treatment with anti-staphylococcal antibiotic and resection of the culprit focus in to deep tissue planes carries a better prognosis. Parents must be aware of not to contaminate the open wounds and to seek urgent medical advices

PP 152

BARTTER SYNDROME TYPE 1 (BS1) PRESENTING AS NEPHROGENIC DIABETES INSIPIDUS (NDI)

Abiramie Jey Krishna[1], **Nawfar Ameenudeen Mohamed**[1], **Shenal Thalgahagoda**[1], **Jananie Suntharesan**[2]
[1]*Professorial Paediatric Unit, Teaching Hospital, Peradeniya, Sri Lanka,* [2]*Paediatric and Adolescents Diabetes and Endocrinology Unit, Sirimavo Bandaranayake Specialized Children's Hospital, Peradeniya, Sri Lanka*

INTRODUCTION

Bartter syndrome is a hereditary tubulopathy caused by mutations in five genes. BS1, caused by mutations in the *SLC12A1*, leads to the classic features of salt-wasting, hypokalemic metabolic alkalosis, hypercalciuria and hyperreninemia. A recent phenotypic variant is identified with urinary concentrating defects presenting as NDI. We report a rare presentation of BS1 with Failure-to-Thrive and hypernatremia without typical biochemical abnormalities during infancy.

CASE REPORT

An eight-month-old girl, third born to nonconsanguineous parents, was delivered at 32 weeks with a birth weight of 1.168kg, via emergency section due to pre-labour rupture of membranes. Polyhydramnios was noted antenatally. At 8-months she presented with severe failure-to-thrive with polyuria. She had a triangular facies with prominent forehead with poor muscle mass. Biochemical investigations revealed hypernatremia with poor urinary concentration. She was started on desmopressin for which she had partial response. She was lost to follow up and presented at 1.5 years with constipation, poor weight gain and acute urinary retention. Investigations revealed hypernatremia not responding to higher doses of desmopressin, leading to the suspicion of NDI. Further evaluation revealed hypokalemia, hypercalciuric-hypocalcaemia with normal blood gas. USS KUB revealed nephrocalcinosis with bilateral hydronephroureter. The evolving clinical picture prompted clinical suspicion of Bartter syndrome. Whole exome sequencing revealed a homozygous pathogenic variant [c.1432G>C(p.Gly478Arg)] in *SLC12A1*, confirming the diagnosis of BS1. She developed metabolic alkalosis during follow up.

DISCUSSION

BS1 is a rare genetic disorder with varying clinical presentations. Loss of function in *SLC12A* commonly presents as antenatal BS. Impaired salt reabsorption in the thick ascending limb of the loop of Henle leads to a blunted osmotic gradient. Presumably, this affects the effectiveness of antidiuretic hormone(ADH), leading to the presentation of NDI. A greater degree of suspicion is needed in atypical presentations of BS1, with genetic testing important to unveil the diagnosis and aid appropriate management.

PP 153

SPOTTING THE SCARS: SEVERE CUTANEOUS ADVERSE REACTIONS IN PRADER-WILLI SYNDROME

K G R S Rathnapriya[1], **D Ariyaratne**[1], **T N D Ranasinghe**[1], **C Jeewandara**[1]
[1]*Allergy, Immunology and Cell Biology Unit, Department of Immunology and Molecular Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION

Prader-Willi Syndrome (PWS) is a rare genetic disorder characterized by a range of physical and behavioural abnormalities including a high pain threshold. The high pain threshold leads to repetitive scratching which often results in patients presenting with extensive blistering. Manifestations of drug hypersensitivities may also be missed consequent to masking by indistinguishable symptoms in SCAR. Severe skin damage, prolonged healing and secondary bacterial infections may consequently occur, which warrants for improved awareness of the presentation of SCAR in PWS amongst the clinical community in Sri Lanka.

CASE REPORT

A 12-year-old girl diagnosed with PWS, presented with progressive skin lesions over three weeks. Lesions initially appeared 3-4 hours after ingestion of medications for an upper respiratory tract infection as an erythematous blanching and itchy rash involving the trunk, axilla and lower limbs. The lesions darkened and evolved into blisters surrounded by pruritic erythema over the next four days. Subsequent skin sloughing and erosions over two weeks resulting in residual hyperpigmentation were also evident along with ulcerative lesions of the oral cavity, lips and eyelids (pictured-image taken with informed verbal assent and consent), generalized malaise and fatigue without fever.

The child experienced similar episodes once a month following intake of medication however triggering factors have not been accurately identified. Her intellectual disability leads to repetitive scratching of wounds, hindering the healing process. There was no significant family history of dermatological or genetic diseases.

Backed by a total IgE result of 3261 IU/mL and negative antinuclear antibody test, successful symptomatic treatment with antihistamines, wound care and patient education advising against the use of known medications that may act as immunogenic triggers, was provided.

DISCUSSION

This case highlights the typical manifestation of SCAR in patients with PWS. Increased awareness of its presentation amongst clinicians can lead to improved health outcomes for those affected by this rare and often overlooked genetic disorder.

PP 154

SURVIVAL OF AN INFANT WITH POST-SURGICAL REFRACTORY CHYLOTHORAX: A CASE STUDY ON HIGHEST CALORIE DELIVERY FOR RECOVERY, IN A CRITICALLY ILL CHILD, IN SRI LANKAN CONTEXT

S N S C Dias[1], U L Liyanaarachchi[1], Manjula Hewageegana[1], Kanchana Singappuli[1], Shehan Perera[1], Lakshitha Samaranayake[1], W.P.P.K. Mallawaarachchi[1]

[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Post-surgical chylothorax is associated with increased risk of malnutrition due to loss of proteins, fat and other nutrients through lymphatic fluid leakage.

CASE REPORT

One-month five-day old infant presented with poor feeding, respiratory distress and excessive crying, who had undergone cardiac surgery for Transposition of Great Arteries 28 days back. His weight was 2.9kg and nutritional status revealed a risk of poor growth and development. On examination, there was 50% oxygen saturation, intercostal, subcostal recessions, tachypnoea and bilateral lung crepitations. Echocardiogram revealed bilateral pleural effusions and pleural fluid aspiration confirmed post-surgical chylothorax.

In the absence of infant Medium Chain Triglyceride (MCT) based formula, adult MCT based semi elemental formula was started. Multivitamins, minerals and fat-soluble vitamins were added. With clinical deterioration, infant was ventilated and due to persistent high chyle output, started on parenteral nutrition (PN). Somatostatin analogues and Proton Pump Inhibitors were started while monitoring and correcting electrolytes. Thoracotomies and video assisted thoracoscopic surgery with pleurodesis were performed 3 times. Chyle output responded, after 28 days of starting PN, and infant was weaned. MCT based formula was re-started as a continuous feed with prokinetics up to 30 days due to feed intolerance. MCT based feed with added MCT oil was continued up to 6 weeks after settling of chylothorax. Standard Polymeric Formula was started and concentrated up to 1.25times, achieving energy intake of 215kcal/kg/day. At 4 months, complementary feeding (rice, BP-100) was started, due to unsatisfactory weight gain. With exclusion of energy wastage of BP 100, energy intake around 300kcal/kg/day was achieved, with satisfactory weight gain (12.5 g/kg/day), and was able to extubate the infant. After clinical improvement, at 9 months infant was discharged on nasal prong oxygen due to underlying chronic lung disease following repeated thoracic surgeries.

DISCUSSION

Medical Nutrition Therapy is essential in optimizing calorie delivery for recovery from complicated post-surgical chylothorax, as nutrition is an indispensable aspect of the management.

PP 155

PRESENTATION OF PRIMARY HYPEROXALURIA TYPE 1 WITH PERSISTENT STRIDOR: A DIAGNOSTIC CHALLENGE

B M A N B Bogahapitiya[1], **C M B Herath**[2], **C L Lee**[1], **H Y Wu**[1], **J M Barasa**[1]
[1]*Paediatric Department, Monash Health Dandenong Hospital, Australia,* [2]*Paediatric Intensive Care Unit, Monash Children's Hospital, Australia*

INTRODUCTION

Primary Hyperoxaluria Type 1 (PH1) is a rare autosomal recessive metabolic disorder caused by a deficiency of the liver enzyme alanine glyoxylate aminotransferase (AGXT), leading to excessive oxalate production and progressive kidney damage. We report an unusual presentation of PH1 in an infant whose initial symptom was persistent stridor.

CASE REPORT

A 9-month-old girl of Afghan origin, born to distantly related parents, presented to Dandenong Emergency Department with a 2-week history of stridor, mild respiratory distress, and diarrhoea. Noisy breathing since birth had not been previously evaluated. She was initially managed as viral croup with oral dexamethasone but re-presented the next day with recurrent stridor. Vitals showed respiratory rate 40–45, heart rate 140–150, SpO_2 100% on room air. Chest x-ray was normal; nasopharyngeal swab was positive for rhino/enterovirus. Stridor was attributed to viral illness on a background of congenital airway abnormality, and ENT referral was arranged.

When stridor failed to respond to repeated adrenaline nebulisations, a venous blood gas was performed, revealing severe metabolic acidosis (pH 6.9, bicarbonate 3 mmol/L), hyperkalaemia (K^+ 6.9), and acute kidney injury (Creatinine 549 µmol/L, urea 47.9 mmol/L, Hb 6.5). She was urgently transferred to the paediatric intensive care unit at Monash Children's Hospital. Medical stabilisation was initiated, followed by elective intubation, continuous renal replacement therapy via right internal jugular vein Vascath, and subsequent Tenckhoff catheter insertion for peritoneal dialysis. Renal ultrasound showed echogenic kidneys with reduced perfusion.

Genetic testing confirmed homozygous AGXT delins mutation, consistent with Primary Hyperoxaluria Type 1. Long-term nephrology follow-up was arranged.

DISCUSSION

This case highlights an unusual initial presentation of PH1 with persistent stridor, possibly related to metabolic acidosis and autonomic instability. Early recognition of systemic signs beyond the airway is critical, yet a non-invasive approach to stridor management can delay the identification of metabolic abnormalities. Family history and consanguinity should prompt early metabolic screening in similar clinical contexts.

PP 156

MANAGING A PATIENT WITH RED-BACK SPIDER ENVENOMATION: EXPERIENCE OF AUSTRALIAN TROPICAL MEDICINE

B M A N B Bogahapitiya[1], **C L Lee**[1], **H Y Wu**[1], **J M Barasa**[1]
[1]*Paediatric Department, Monash Health Dandenong Hospital, Australia*

INTRODUCTION

Red-Back Spider (RBS) envenomation, caused by *Latrodectus hasselti*, is relatively common in Australia. Though rarely fatal, systemic envenomation can lead to significant morbidity in children. Antivenom is effective in selected cases, though its use must be balanced against potential adverse effects.

CASE REPORT

A five-year-old boy presented to Dandenong Emergency Department with severe right leg pain and two small bite marks following outdoor play. Initial management with analgesia led to temporary relief. However, he re-presented with worsening pain radiating to the back and left leg, along with diaphoresis, shivering, irritability, persistent priapism, myalgia, and lethargy. Vital signs remained stable, but the persistent pain and autonomic symptoms raised suspicion of systemic envenomation. Given the clinical features and inadequate response to opioids, Red-Back Spider antivenom (1000 units IV over 30 minutes) was administered. The child experienced a dramatic clinical improvement within one hour and was discharged in stable condition the next day.

DISCUSSION

This case highlights the importance of recognising systemic signs of Red-Back Spider envenomation in paediatric patients. Features such as pain out of proportion to clinical findings, radiating discomfort, autonomic instability, and priapism may necessitate timely antivenom administration. Although most cases are self-limiting, selected patients benefit significantly from early intervention with antivenom. Awareness of clinical red flags and cautious yet timely use of antivenom can lead to excellent outcomes in paediatric envenomation

PP 157

ISOLATED CONGENITAL KNEE DISLOCATION IN A LATE PRETERM NEONATE

G H I D Fernando[1], **S A N A Suraweera**[1], **M Arambepola**[1]
[1]*Department of Paediatrics, Faculty of Medicine and Allied Sciences, Rajarata University, Sri Lanka*

INTRODUCTION

Congenital knee dislocation (CKD), also known as *genu recurvatum congenitum*, is a rare musculoskeletal condition characterized by hyperextension of the knee with anterior displacement of the tibia relative to the femur. It can occur in isolation or be associated with syndromic or neuromuscular disorders. Early recognition and intervention are crucial for favourable outcomes.

CASE REPORT

A female neonate was delivered at 36+3 weeks of gestation via normal vaginal delivery following premature rupture of membranes. The birth weight was 2.580 kg. The pregnancy was complicated by well-controlled gestational diabetes mellitus.

On postnatal examination, the neonate's right knee was noted to be hyperextended, with multiple anterior skin folds. She was irritable on passive movement, with restricted flexion and difficult reducibility, consistent with type III congenital knee dislocation. There were no other joint abnormalities, dysmorphic features, or spinal deformities. The rest of the systemic examination was normal.

An X-ray confirmed dislocation of the right knee. The hip ultrasound was normal. On day two of life, the neonate underwent casting, and the post-casting X-ray showed satisfactory alignment. She was referred to the orthopaedic team for ongoing follow-up and management.

DISCUSSION

This case highlights an isolated type III congenital knee dislocation in a late preterm neonate born to a mother with gestational diabetes. Timely diagnosis, early intervention with casting, and regular orthopaedic follow-up are key to achieving optimal joint function and long-term outcomes.

PP 158

FINANCIAL BURDEN, PSYCHOSOCIAL NEEDS, AND SOCIOECONOMIC DETERMINANTS AMONG CAREGIVERS OF PAEDIATRIC LEUKAEMIA PATIENTS IN SRI LANKA

F N F Rufiqa[1], **M N Rupasinghe**[1], **S S Ruwanpathirane**[1], **J B A L Sachintha**[1], **S Gunasekera**[2], **S Seneviratne**[1]
[1]*Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*National Cancer Institute, Maharagama, Sri Lanka*

INTRODUCTION
Paediatric leukaemia, the most common childhood cancer, imposes substantial financial and psychosocial burdens on caregivers, particularly in low-resource settings like Sri Lanka.

OBJECTIVES
This study assessed the financial strain, associated socioeconomic factors, and psychosocial needs of caregivers of paediatric leukaemia patients receiving treatment at the National Cancer Institute, Maharagama (NCIM).

METHOD
A cross-sectional study was conducted among 133 primary caregivers of paediatric leukaemia patients. Data were collected via face-to-face interviews and self-administered questionnaires, analysing financial burden, psychosocial needs, and sociodemographic associations using SPSS version 20.

RESULTS
Most caregivers were mothers (78.2%), aged 30–40 (45.9%), with 35.3% reporting a household income of Rs. 25,000–49,999/month. Nearly 70% (69.2%) experienced severe financial burden, linked to treatment costs, travel, and lost income. Financial strain was strongly associated with lower parental education (mothers: $p=0.002$; fathers: $p<0.001$) and income ($p<0.001$). Psychosocially, 55.6% needed moderate support, with the highest demand for information on prognosis (36.8%) and treatment plans (38.3%). Emotional support and healthcare navigation assistance were also key concerns.

CONCLUSIONS
The findings highlight the severe financial distress faced by most caregivers, exacerbated by low education and income levels. Psychosocial needs centred on information gaps, reflecting caregivers' desire for better disease understanding.

PP 159

AN ATTEMPTED NEONATICIDE WITH SCISSORS AT PARTUS

E M K B Ekanayake[1], E M N K Ekanayake[1], A V D P Agalawatte[1], A.N Vadysinghe[1]
[1]*Department of Forensic Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION

Attempted murders of neonates are rarely reported in literature, hence concluding further management can be challenging due to various ethical concerns. Here we document a case where a newborn sustained life-threatening injuries caused by his mother, subsequent to a disclosed pregnancy.

CASE REPORT

The neonate sustained a left pneumothorax and a right haemothorax following multiple stab injuries to the chest and neck. He was intubated and ventilated for 9 days with surgical and neonatal intensive care, after being transferred from a peripheral hospital.

Background information was obtained by the police, child's father, mother and aunt to reconstruct the incident.

Concealing her pregnancy for nine months, a mother-of-two gave birth unassisted in her room, unbeknownst to her immediate family. Alarmed by a blood stream seeping beneath the closed door, the children alerted the father and aunt. Upon entering the secured room, the family found a lactating mother with the infant stained in blood. Upon careful examination the aunt noticed some injuries on the crying infant's chest. The mother and baby were rushed into the emergency department. A separated umbilical cord, placenta, and children's scissor was found during the scene investigation.

The mother denied inflicting any injury to the baby and was willing to take care of the baby after discharge. Psychiatric evaluation stated that she was mentally stable with no pre-existing illnesses. A case conference was held to decide on the infant's custody where it was concluded to hand him over to a residential child care home.

DISCUSSION

In cases of attempted filicide, a careful multi-disciplinary approach should be undertaken to assess the fitness for custody of the assailant and family. Authorities should weigh the possibility of neglect and further abuse by the perpetrator versus ethical concerns of institutionalizing the child at a young age.

PP 160

PARENTAL COUNSELLING IN CONGENITAL NEUROLOGICAL DISORDERS: A MISSED OPPORTUNITY IN A CASE OF TETHERED CORD SYNDROME

W A C N Karunarathna[1], **Jayathri** Jagoda[1], **T S P Senevirathne**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Tethered cord syndrome (TCS) is a neurological disorder caused by pathological fixation of the spinal cord, restricting its movement and resulting in progressive neurological and musculoskeletal deficits. Early diagnosis and surgical detethering are essential to manage and prevent irreversible complications. In resource-limited settings, caregiver awareness significantly influences timely detection and intervention. Cultural beliefs, fear of surgery, and misconceptions can delay essential treatment, leading to preventable disabilities.

CASE REPORT

A 17-year-old boy was born to healthy, distantly consanguineous parents after a planned pregnancy with prenatal folic acid supplementation. He achieved normal developmental milestones. A tuft of hair over his sacral region was noted at birth but was not medically evaluated. At 12 years of age, he developed progressive deformity of the left lower limb. Magnetic resonance imaging (MRI) revealed a tethered cord at the S1 level, a low-lying conus medullaris at L5, and a filar lipoma. Although surgical detethering was initially planned, his parents defaulted due to fear, misconceptions, and reliance on traditional treatments such as oil massages. Consequently, he developed a 2 cm true limb length discrepancy, pes cavus, bilateral ankle contractures, scoliosis, and mild sensory loss below S1. Bladder and bowel function remained intact. Social exclusion from extracurricular activities further affected his psychological wellbeing and academic engagement.

DISCUSSION

Despite Sri Lanka's relatively strong healthcare system in South East Asia, this case highlights a critical gap in parental understanding of congenital neurological conditions. Early identification of cutaneous markers, parental counselling, and structured follow-up are essential to prevent irreversible outcomes. A dedicated community-based team is recommended to detect undiagnosed or defaulted cases and provide ongoing rehabilitation support. Strengthening health education will further empower families to make timely, informed decisions.

PP 161

NEONATE WITH MULTIPLE PITUITARY HORMONE DEFICIENCY (MPHD) PRESENTING WITH LIPAEMIA

A Nivethitha[1], **A Pathmanathan**[1], **R Sathanandaraja**[1]
[1]*Special Care Baby Unit, Colombo South Teaching Hospital, Sri Lanka.*

INTRODUCTION

Multiple Pituitary Hormone Deficiency (MPHD) is a rare endocrine disorder resulting from congenital or acquired defects in the pituitary gland, leading to deficiencies in essential hormones. Neonatal MPHD can present with non-specific symptoms, making early diagnosis challenging. Lipaemia, characterized by elevated blood lipid levels, is an unusual manifestation in MPHD. Here, we report a case of a term neonate with MPHD presenting with severe lipaemia.

CASE REPORT

A female infant was born via elective lower-segment cesarean section to non-consanguineous parents, with a birth weight of 3.3 kg. The initial postnatal course was uneventful, and the infant was discharged. At 23 days of life, she was admitted with fever, decreased activity, and seizures, requiring ventilatory support. she was managed for sepsis with acute kidney injury and later developed polyuria. On clinical examination, microcephaly was noted without any midfacial hypoplasia.

Laboratory investigations revealed lipaemic serum with markedly elevated triglycerides (2384 mg/dL), hypernatraemia (Na^+ 187 mmol/L), and mild hyperkalaemia (K^+ 5.6mmol/L). Endocrine evaluation confirmed MPHD with cortisol deficiency, central hypothyroidism, and central diabetes insipidus. MRI findings demonstrated gliosis, leukomalacia and absence of the normal pituitary bright spot.

Management included insulin and dextrose infusion for acute hypertriglyceridemia, followed by the addition of fenofibrate and hydrocortisone and thyroxine replacement, and desmopressin therapy for diabetes insipidus. The patient showed gradual clinical improvement, with improvement of lipid level. A genetic study was arranged for further evaluation.

DISCUSSION

This case highlights the importance of considering MPHD in neonates presenting with unexplained lipaemia and metabolic abnormalities. Hormonal deficiencies, particularly cortisol and growth hormone may contribute to lipid metabolism dysregulation, leading to severe hypertriglyceridaemia. Early recognition and hormone replacement therapy are crucial in preventing complications and improving neonatal outcomes. Further studies are needed to explore the link between MPHD and lipid abnormalities in neonates

PP 162

A RARE CAUSE OF PAEDIATRIC STROKE: PROGRESSIVE CHILDHOOD PRIMARY ANGIITIS OF THE CENTRAL NERVOUS SYSTEM (CPACNS) WITH POSTERIOR CIRCULATION INVOLVEMENT

C Edirisinghe[1], **A Wanasinghe**[2], **J Wanigasinghe**[2,3]
[1]*Faculty of Medicine, University of Colombo, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [3]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Primary angiitis of the central nervous system (cPACNS) is a rare, heterogeneous, and potentially life-threatening inflammatory disorder limiting to cerebral and spinal vasculature. Rare in adults with an annual incidence of 2.4 cases per 1,000,000 person-years, it is an even rarer but emerging non-atherosclerotic cause of cerebrovascular accidents in children. The progressive subtype is severe, causing medium- to large-vessel vasculitis characterized by a gradual course with persistent or recurrent multifocal neurological deficits. Due to its variable and nonspecific clinical manifestations and the existing knowledge gap, cPACNS remains a diagnostic challenge, particularly in paediatric populations where early recognition is critical to preventing irreversible neurological damage.

CASE REPORT

This is the case of a 7-year-old boy who presented with a one-month history of intermittent morning headaches that became progressively worse over time. The patient developed slurred speech, unsteady gait, and behavioural changes in the week preceding admission and the neurological examination suggested altered sensorium, cranial nerve deficits, and quadriparesis.

Neuroimaging revealed multiple acute and chronic infarctions in the posterior circulation, including bilateral cerebella and brainstem regions, with magnetic resonance angiography demonstrating diffuse vascular narrowing, stenosis, and beading, findings consistent with CNS vasculitis.

Systemic and secondary vasculitis causes were excluded by extensive investigations, including infectious and autoimmune panels, cerebrospinal fluid analysis, and vascular ultrasound studies.

Initial treatment comprised intravenous methylprednisolone and high-dose oral prednisolone, followed by intravenous cyclophosphamide in line with standard induction protocols for cPACNS, resulting in marked clinical improvement. The patient was then started on an 18-month maintenance regimen with mycophenolate mofetil, along with rehabilitative therapies.

DISCUSSION

This case underscores the diagnostic and therapeutic challenges of cPACNS, emphasizing the need for a high index of suspicion in paediatric stroke, acute headache, and encephalopathy, where vasculitis should be considered in the differential diagnosis. Early detection leading to prompt intervention with immunosuppressive therapy can significantly, improve neurological outcomes.

PP 163

CLINICAL PRESENTATION, SEVERITY, SHORT TERM MORBIDITY AND NEURODEVELOPMENTAL OUTCOME FOLLOWING EARLY NEONATAL HYPOGLYCEMIA IN A TERTIARY CARE MATERNITY HOSPITAL IN SRI LANKA

B T Hettiarachchi[1], G J Chandana[2], M L K De Silva[3], M N Lucas[1]
[1]*De Soysa Hospital for Women, Colombo, Sri Lanka,* [2]*Department of community Medicine, Faculty of Medicine, Ruhuna, Sri Lanka,* [3]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
Neonatal hypoglycaemia is a metabolic emergency leading to both short term and long-term morbidity. Early identification of its neurological effects is essential for timely treatment and improving the child's quality of life.

OBJECTIVES
The study aims to identify the clinical presentation, assess the severity, short-term morbidity, and neurodevelopmental outcomes of early neonatal hypoglycaemia in term infants. It also seeks to compare the neurodevelopmental outcomes of these infants with those of the same-aged infants who have risk factors but do not experience hypoglycaemia.

METHOD
This observational prospective study followed 38 term babies with hypoglycaemia and 38 healthy babies over one year at De Soysa Hospital for Women. Neurodevelopment was assessed using the Hammersmith Neonatal Neurological Examination (HNNE) at discharge, and at 6 months with the Hammersmith Infant Neurological Examination (HINE) and Bayley 3 scale for both groups. Data analysis was performed using SPSS 21.0, and neurodevelopmental outcomes were compared with the control group to assess statistical significance. Ethical clearance was obtained from the Ethical Committee of De Soysa Hospital for Women (Application No. 018. Approved on 01.09.2022)

RESULTS
Out of 38 hypoglycaemic neonates, 23.3% were symptomatic, and 6.6% had severe hypoglycaemia; 36.6% required intravenous dextrose, while the rest recovered through feeding; 23.3% experienced recurrent hypoglycemia. Mean hospital stay was 4 days. Both groups showed normal results on the HNNE at discharge and HINE at 6 months. The Bayley assessment revealed normal scores across all 6 domains for both groups. No statistical significance was found (p value of 0.05) between the hypoglycaemic and euglycaemic groups in any developmental domain.

CONCLUSIONS
It is reassuring to observe normal neurodevelopment at 6 months of age, but it cannot be fully assured, as it is too early to make definitive predictions.

PP 164

ESTABLISHMENT OF THE FIRST NEURODEVELOPMENTAL CLINIC IN THE EASTERN PROVINCE OF SRI LANKA: CHALLENGES AND DEMOGRAPHIC INSIGHTS

Phirarthana Kamalanathan[1], **Sama Ariff** [2]
Community Paediatric Unit, Base Hospital Kattankudy, Sri Lanka

INTRODUCTION

In May 2022, the first neurodevelopmental clinic in the Eastern Province of Sri Lanka was established at Base Hospital Kattankudy. A significant initial challenge was the widespread misunderstanding of the title "Community Paediatrician," which was frequently misinterpreted as a public health physician rather than a specialist in Developmental Paediatrics. This led to limited early referrals and poor role recognition. Over time, with consistent service delivery and advocacy, the title became associated with developmental expertise. The clinic is now widely recognised by both health professionals and the public as the regional centre for neurodevelopmental care.

OBJECTIVES

The neurodevelopmental clinic aimed to address the longstanding gap in early identification and intervention for children with developmental concerns

METHOD

A retrospective review of clinic records from July 2022 to March 2025 was conducted. Data on demographics, referral sources, age at presentation, and clinical diagnoses were analysed.

RESULTS

A total of 424 children were assessed, of whom 61% were boys and 39% girls. The majority of children (303) were from Batticaloa district, followed by Ampara (118) and Trincomalee (3). Most children presented before the age of five, with 19% under 12 months, 29% between 1–3 years, and 21% between 3–5 years. Referrals were mainly from medical officers and paediatricians (37%), the public health sector (20%), and self-referrals (29%). Diagnoses included early intervention needs (46%), autism spectrum disorder (40%), isolated speech delay, learning difficulties, genetic syndromes, and a small number of degenerative disorders.

CONCLUSIONS

This multidisciplinary, Community Paediatrician-led clinic now functions as a trusted hub for neurodevelopmental care in the Eastern Province, in collaboration with Teaching Hospital Batticaloa.

PP 165

B LYMPHOCYTE COMPLEMENT-DEPENDENT CYTOTOXICITY CROSSMATCH POSITIVITY AFTER RITUXIMAB THERAPY IN A CASE OF STEROID-RESISTANT NEPHROTIC SYNDROME AWAITING RENAL TRANSPLANTATION

Sanjeewana Wickramasinghe[1], **Nadeesha Jayasekara**[1], **B R N Gunarathna**[2], **Randula Ranawaka**[1,3]

[1]*University Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*Blood Bank, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [3]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Children with steroid-resistant nephrotic syndrome (SRNS) are at risk of disease recurrence following renal transplant. Pre-emptive Rituximab has been used to prevent disease recurrence in some instances. A rare phenomenon of Rituximab interference with B lymphocyte complement-dependent cytotoxicity crossmatch has been reported. We present a patient with SRNS with an unexpected positivity of B lymphocyte complement-dependent cytotoxicity crossmatch despite having a good HLA match with the donor.

CASE REPORT

A diagnosed child with SRNS at the age of 3 years, awaited live donor renal transplantation. She was the second child of non-consanguineous healthy parents and had an elder sibling diagnosed with SRNS at nine months of age who succumbed due to pneumonia at one year of age. Our patient had an aggressive clinical course, leading to end-stage renal disease by six-month post-presentation and was initiated on renal replacement therapy.

Her prospective donor for the live donor renal transplantation was her mother, who was 38-year-old and her HLA workup indicated no class I or II antibody sensitization. Given a family history of SRNS and inconclusive genetic studies, pre-emptive intravenous Rituximab was administered to prevent graft disease recurrence. Unexpectedly her B cell crossmatch was found to be incompatible, which was performed after 30 days of post-Rituximab therapy, and her renal transplantation was postponed. Even though the expected half-life of the drug is 14–21 days and rituximab was previously reported to interfere with B-cell crossmatch 2–3 months after the dose, her B cell crossmatch remained positive for 5 months.

DISCUSSION

This highlights the rare occurrence of persistent false positivity in B lymphocyte complement-dependent cytotoxicity crossmatch following rituximab therapy, extending beyond the typically reported timeframe. Awareness of this rare occurrence is of utmost importance in preventing unwarranted delays of renal transplantation by performing the B lymphocyte complement-dependent cytotoxicity crossmatch before administration of Rituximab.

PP 166

FRONTOETHMOIDAL MUCOCELE CAUSING UNILATERAL PROPTOSIS IN A CHILD WITH NON-CYSTIC FIBROSIS BRONCHIECTASIS

G A D N B Wimalasena[1], **S A Wickramasinghe**[1], **H Gajaweera**[1], **T M Munasinghe**[2]
[1]*National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Non-Cystic Fibrosis Bronchiectasis (NCFB) remains a significant cause for childhood morbidity and mortality. There is not much evidence to suggest sinus mucoceles as a manifestation of NCFB. There are several case reports on mucoceles causing proptosis, but no cases have been reported on NCFB patients.

CASE REPORT

A 10-year-old girl, a diagnosed patient with NCFB following recurrent respiratory tract infections from four months of age, presented with left-sided proptosis, which gradually worsened over a three-month duration. She was apyrexial and did not complain of vomiting, headache, or vision loss. She had no other ocular manifestations. (diplopia, redness, chemosis etc.)

On initial evaluations, she had left-sided proptosis, with normal visual acuity and pupillary response without any external ophthalmoplegia. No pulsatility was documented. There were no features to suggest thyrotoxicosis.

A contrast-enhanced computed tomography of the brain was done, and it revealed a soft tissue lesion in the left frontal sinus that extends into to extraconal portion of the left orbit, causing displacement of the left eye globe. Rigid nasal endoscopy was performed and the lesion was identified as a mucocele, and drainage was done. Histopathological evaluation also favoured the diagnosis, and microbiological studies showed no growth of any organism. The child's proptosis settled without any further complications.

DISCUSSION

Sinus mucoceles are an uncommon but identified complication of cystic fibrosis (CF), but not in NCFB. There is literature on them causing proptosis in the general paediatric population and patients with CF. The frontal sinus is the most common location for sinus mucoceles, followed by the ethmoidal sinus. Our patient had a lesion involving both sinuses extending to the left orbit. She had no ocular complications or secondary infections of the lesion. However, we were not able to relate this as a complication or an association of her primary diagnosis of NCFB.

PP 167

POST-MENINGITIS PSYCHOSIS: A CASE OF SEVERE TREATMENT-RESISTANT PSYCHOSIS SUCCESSFULLY MANAGED WITH ELECTROCONVULSIVE THERAPY

G A D N B Wimalasena[1], M P Sudarshani[1], D W N M Wimalaguna[1], S L Mohotti[1], B Y Samarawickrama[1], P Walpola[1], R Ruben[1], P P Jayawardana[2], T M Munasinghe[2]

[1]*National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Post-meningitis psychosis is a rare but severe neuropsychiatric complication of bacterial meningitis. While acute behavioural disturbances are recognized, persistent psychosis resistant to conventional treatment is challenging. This case highlights a paediatric patient with post-meningitis psychosis who was initially resistant to conventional therapy but was successfully treated with electroconvulsive therapy (ECT).

CASE REPORT

A 13-year-old male monk was admitted with fever, headache, and photophobia. Cerebrospinal fluid (CSF) analysis confirmed bacterial meningitis, and he was treated with intravenous antibiotics. Despite the resolution of meningism and fever, he developed progressive behavioural disturbances, including aggression, restlessness, visual and auditory hallucinations, food refusal, and rapid weight loss. Electroencephalography suggested encephalopathy, while magnetic resonance imaging with arteriogram of the brain was unremarkable. Suspecting post-infectious encephalitis, he was treated with intravenous methylprednisolone, immunoglobulin, plasmapheresis, and weekly rituximab, but psychotic symptoms persisted. During this period, antipsychotics (olanzapine and risperidone) and anxiolytics were tried with inadequate efficacy. Lithium was initiated, yielding partial improvement.

Given the severity and treatment resistance, ECT was performed every other day, leading to a dramatic resolution of symptoms and functional recovery after 5 doses.

DISCUSSION

Post-infectious psychosis following bacterial meningitis is not well understood. Neuroinflammation and immune dysregulation may contribute. Multiple therapeutic options are available in the management of psychosis following meningitis. Some children may be resistant to conventional treatment options. ECT, though it is under-utilised due to stigma and regulatory issues, can be used as a treatment option in such situations safely and effectively. Post-meningitis psychosis can present with severe, treatment-resistant symptoms leading to deterioration. While immunotherapy is crucial, ECT should be considered safe in refractory cases to prevent further complications and ensure recovery.

PP 168

A CASE OF DELAYED PRESENTATION OF AMITRAZ POISONING IN A CHILD

G A D N B Wimalasena[1], D W N M Wimalaguna[1], S L Mohotti[1], B Y Samarawickrama[1], P Walpola[1], M H A D De Silva[2]

[1]National Hospital Galle, Sri Lanka, [2]Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka

INTRODUCTION

Amitraz is a pesticide and insecticide from the formamidine family, commonly used in veterinary practices and agriculture. It acts as an alpha-2 adrenergic receptor agonist, leading to bradycardia, hypotension, altered consciousness, and respiratory insufficiency. While most cases of Amitraz poisoning are reported within hours of ingestion, delayed presentations are rare. This case highlights a significant delay in presentation, which warrants further attention in Paediatric care.

CASE REPORT

A 12-year-old boy, weighing 45 kg, ingested 10 mL of 12.5% (W/V) Amitraz following a conflict with his father. He presented to the Emergency Treatment Unit 15 hours after ingestion, reporting vomiting 4 hours post-ingestion and drowsiness since 14th hour post-ingestion. On admission, he was lethargic with a pulse rate of 72 beats per minute and hypotension (83/39 mmHg). After receiving three normal saline boluses, his condition improved slightly, but he remained drowsy and was transferred to the Paediatric Intensive Care Unit (PICU) for further observation. Investigations revealed normal haematological and biochemical values. He showed sinus bradycardia, which resolved without atropine. He had a gradual recovery, and after 24 hours, he was transferred back to the ward and discharged after an uneventful recovery.

DISCUSSION

We have presented a case of Amitraz poisoning with a long delay in presentation to a healthcare facility. This patient had ingested a relatively small dose and had vomited after the ingestion. But he developed significant clinical features that needed PICU admission. Therefore, we must consider Amitraz poisoning as a significant emergency and anticipate the broad spectrum of possible complications. However, we can suggest that supportive therapy would be the ideal management option, as this child had no therapy during the first 15 hours after ingestion of Amitraz

PP 169

A CASE OF DYSKERATOSIS CONGENITA

D W N M Wimalaguna[1], K K W S M deSilva[1], T D N Warnasuriya[1], W K G Hemantha[1], D K Igalagamage[1], M A P S Kumara[1] , F Z Razeen[1], P K R Perera[1], S Illangakoon[1]
[1]*Lady Ridgeway Hospital for Children, Sri Lanka*

INTRODUCTION

Dyskeratosis congenita (DC) is an inherited disorder, characterized by abnormal skin pigmentation, nail dystrophy, oral premalignant leukoplakia, bone marrow failure and cancer predisposition.

CASE REPORT

A 5 and half year-old boy who was born to non-consanguineous parents presented with exertional dyspnoea, easy bruising, dental caries, whitish discolouration of tongue and hypopigmentation in chest with abnormal nail growth. His body mass index was 13.2 kg/m^2. He had marked pallor, leucoplakia in the tongue and dental caries. There was a hypopigmented rash over his chest and nail dystrophy was noted. There were no features suggestive of hypogonadism, or skeletal abnormalities. Clinical examination was unremarkable without hepatosplenomegaly.

Full blood count revealed a haemoglobin level of 7 g/dL, white blood cell count of $3.64x10^3\mu L$, absolute neutrophil count of 0.77 $x10^3\mu L$ and platelet count of $9x10^3\mu L$. Blood picture revealed severe pancytopenia with no abnormal cells. Bone marrow aspiration revealed markedly hypocellular bone marrow. The reticulocyte count was $0.08x10^3\mu L$. The erythrocyte sedimentation rate was 45mm in 1st hour and the Vitamin B12 level was normal.

Next-generation sequencing revealed a heterozygous missense variant in exon 6 of the *TINF2* gene.

In the presence of characteristic mucocutaneous manifestations, bone marrow failure with the presence of *TINF2* gene mutation, the diagnosis of DC was made. A trial of danazol was initiated with supportive therapy with red cell transfusion.

DISCUSSION

The prevalence of classic DC is approximately 1/1 000 000 individuals, characterized by a triad of dystrophied nails, skin pigmentation and leukoplakia. It is associated with bone marrow failure. DC is a disease of defective telomere maintenance. Androgens are effective in improving haemopoietic function. Granulocyte colony stimulating factor, alone or in combination with Erythropoietin, has shown a beneficial effect in some cases. The only curative option is haemopoietic stem cell transplantation.

PP 170

A CASE OF RUPTURED INTRACRANIAL ARTERIOVENOUS MALFORMATION PRESENTING AS HYPERTENSIVE ENCEPHALOPATHY IN A CHILD WITH MICROCEPHALIC OSTEODYSPLASTIC PRIMORDIAL DWARFISM

Y E Derin[1], A Tharshiny[1], R Ratnaranjith[1], Vindiya Subasinghe[2], A D Dissanayake[1], M Wasanthakumar[1], K H M M Wijayawardhane[1], U S Selvarathnam[1], S D K A Gunasekera[1], Y B M T D K Yapa[1], H A S G Jayawardhane[1]

[1]*District General Hospital, Vavuniya, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Microcephalic Osteodysplastic Primordial Dwarfism (MOPD II) is an autosomal recessive disorder due to mutations in Pericentric gene (PCNT) It is characterized by severe pre- and post-natal growth retardation, short stature, skeletal abnormalities, microcephaly, renal abnormalities, and aneurysms of central nervous systems arteries and Moya-Moya disease.

CASE REPORT

A 5-year-old, 1st born to non-consanguineous parents, was delivered via emergency lower segment caesarean section due to fetal distress as a preterm at POA of 35 weeks with very low birth weight of 1.09kg. Child needed resuscitation and needed admission to the neonatal intensive care unit (NICU) for 10 days due to preterm, low birth weight and sepsis. As the child had severe growth retardation, microcephaly, and skeletal abnormalities, the diagnosis of Microcephalic Osteodysplastic Primordial Dwarfism was made at the age of 2 years and 6 months on the combination of clinical and radiological findings with confirmation through molecular genetic testing for PCNT gene.

This time child presented to the local hospital with sudden onset of severe headache dizziness and fall. Child was found unconscious following the event and transferred to the emergency treatment unit (ETU) of District General Hospital Vavuniya. On examination, the Glasgow coma scale (GCS) score was 10/15, pulse rate - 60bpm, blood pressure - 200/120mmHg, Pupils – non reactive (2mm), shallow breathing, and low saturation. Initial resuscitation was done and child was intubated. Initially, child was managed as hypertensive encephalopathy due to unconsciousness and increased blood pressure. Hence intravenous labetalol was started immediately. Given the association of this genetic condition with intraventricular haemorrhage, NCCT brain was subsequently performed. NCCT brain revealed intraventricular haemorrhage, impending tonsillar herniation, cerebral oedema, and trans-ependymal oedema. Even though effective resuscitation was performed, spontaneous circulation could not be achieved, therefore child was pronounced clinically dead. Since the death occurred during 1st 24 hours of hospital admission, inquest was ordered.

DISCUSSION

Monitoring for intracranial vascular abnormalities with brain magnetic resonance angiography is recommended at diagnosis and every 12 to 18 months for a better prognosis.

PP 171

SUCCESSFUL DIAGNOSIS AND MANAGEMENT OF PROPIONIC ACIDAEMIA IN A RESOURCE-LIMITED SETTING: A CASE REPORT OF SUCCESSFUL MANAGEMENT WITH BREAST MILK

G A D N B Wimalasena[1], U M Ruwanpathirana[1], P Walpola[1], B K G S S Dharmasiri[1], S P Gunarathne[2], A B Jalan[3], K V Kudalkar[3], I Kankananarachchi[4]

[1]*National Hospital Galle, Sri Lanka,* [2]*District General Hospital, Matara, Sri Lanka* [3]*Department of Biochemical Genetics, NIRMAN, Mumbai, India* [4]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Propionic acidemia (PA) is a life-threatening inborn error of metabolism caused by a deficiency of propionyl-coenzyme A carboxylase. This leads to the accumulation of toxic metabolites such as propionic acid and 2-methylcitrate. We present a case of successful diagnosis and management of PA in a low-resource setting without using a special formula.

CASE REPORT

A three-day-old baby, born to non-consanguineous parents with a birth weight of 2.5 kg, developed severe respiratory distress. Investigations revealed severe high anion gap metabolic acidosis, positive urine ketone bodies, and elevated ammonia levels with normal lactate and blood glucose. The rest of the basic hematological and biochemical investigations were normal.

With the clinical suspicion of organic acidaemia, he was kept nil by mouth and started on carnitine, vitamin B12, biotin supplementation and hyperammonemia management was initiated. Gas Chromatography-Mass Spectrometry (GC-MS) of urine done in India revealed elevated levels of 3-Hydroxypropionic Acid, 3-Hydroxyvaleric Acid, 3-oxo-2-Methylvaleric Acid, and Succinic Acid, along with the presence of Propionyl Glycine and Tiglylglycine. Acylcarnitine profile showed normal total carnitine, low free carnitine, and a low free acylcarnitine ratio, with elevated levels of C3, C3/C0, C3/C2, and C3/C16, while amino acid levels were normal. The diagnosis was made as PA based on biochemical findings. Genetic testing was not performed due to financial constraints.

Gradually, the infant was reintroduced to breast milk (BM) and was discharged home on day 20 of life. Despite the unavailability of a special formula, no subsequent metabolic crisis episodes developed for up to 10 weeks along with BM, vitamin and carnitine supplementation.

DISCUSSION

A high degree of suspicion for organic acidaemia is required when a neonate presents with high anion gap metabolic acidosis and hyperammonemia. In resource-limited settings, empirical treatment can be initiated. Although specialized metabolic formulas may not be available, BM can be continued with close monitoring.

PP 172

AN UNUSUAL PRESENTATION OF CHRONIC SINUSITIS: PYREXIA OF UNKNOWN ORIGIN WITH ANTERIOR UVEITIS

G A D N B Wimalasena[1], **D W N M Wimalaguna**[1], **M G R N Jayawardhana**[1], **S L Mohotti**[1], **B Y Samarawickrama**[1], **P Walpola**[1], **T H H Peiris**[1], **S A Wickramasinghe**[1], **R K Deshapriya**[1], **N D Liyanarachchi**[2]

[1]*National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Anterior uveitis (AU), which arises from chronic sinusitis, is a rare condition. We present a case that highlights chronic sinusitis as a cause of AU and also a cause of Pyrexia of Unknown Origin (PUO).

CASE REPORT

A 6-year-8-month-old girl was transferred to a tertiary care centre with fever for six weeks. Her clinical history and examination were unremarkable. She had neutrophil leucocytosis, with a white blood cell count of $19.02 \times 10^3/mm^3$. The highest C-reactive protein level was 132mg/L with an erythrocyte sedimentation rate of 130mm in 1st hour. Apart from these, all other investigations, including septic screen and antinuclear antibody. Bone marrow aspirate and echocardiography were normal. A whole-body contrast-enhanced computed tomography scan was performed, and it showed soft tissue density, enhancing lesions in the right ethmoid and left sphenoid sinuses (probably interconnected), causing erosions of the adjacent bones with a fluid-filled left mastoid sinus with one pocket with air-fluid. However, the child did not show any symptoms of sinusitis. Ophthalmic assessment revealed bilateral anterior uveitis. A rigid nasal endoscopy (RNE) was done and soft tissues were removed. Histology of the lesions showed multiple tissue fragments, focally lined by pseudostratified ciliated columnar epithelium with preserved architecture, with a dense mixed inflammatory cell infiltrate composed of small lymphocytes, numerous plasma cells, histiocytes, neutrophils and scattered eosinophils. Final histopathological diagnosis favoured chronic sinusitis and malignancy was excluded. The child was fever-free and repeated RNE was normal. Anterior uveitis was treated with steroids, where the child showed a gradual clinical response.

DISCUSSION

Sinus inflammation as a cause of AU and as a cause for PUO has been described in the literature, but both situations are rare occurrences in the paediatric age group. Therefore, this report emphasizes the importance of ophthalmic assessment and, sinus imaging in cases of paediatric pyrexia of unknown origin (PUO).

PP 173

INTRACTABLE SEIZURES IN A CHILD WITH SOTOS SYNDROME: A CASE REPORT

G U N Dias[1], A I Fonseka[1], P Rathnayake[2]
[1]*Paediatric Unit, Teaching Hospital Kuliyapitiya, Sri Lanka,* [2]*Paediatric Neurology Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Sotos syndrome is a rare genetic disorder characterized by overgrowth, distinctive facial features, and developmental delay. It follows an autosomal dominant inheritance pattern, with approximately 25% of affected individuals experiencing seizures.

CASE REPORT

A 2-year-old boy was referred from the Medical Officer of Health (MOH) due to accelerated growth crossing centiles. On examination, the child exhibited macrocephaly, a dolichocephalic head, a prominent forehead and jaw, down slanting palpebral fissures and high-arched palate. History further revealed gross motor and speech delay. He was the only child of healthy, non-consanguineous parents, with no family history of gigantism or epilepsy. He was born at term with normal growth parameters. Over time, his growth parameters accelerated, with all current measurements exceeding 97th centile for age. Based on clinical features, Sotos syndrome was diagnosed.

Later, the child developed episodes of afebrile convulsions, initially generalized tonic-clonic in nature. Over time, these progressed to multiple seizure types, exceeding ten episodes per day, including generalized tonic-clonic, atonic, and absence seizures, followed by neuro-regression. Electroencephalography (EEG) confirmed generalized epilepsy and magnetic resonance imaging (MRI) revealed prominent ventricles without structural abnormalities. Due to the refractory nature of the seizures, he needed three anti-seizure medications (levetiracetam, sodium valproate and clonazepam). The patient was referred for neurology care at Lady Ridgway hospital and received IV methylprednisolone for five days, leading to a reduction in seizure frequency. He is currently under multidisciplinary follow-up involving paediatrician, neurologist, physiotherapist, occupational therapist, and speech and language therapist.

DISCUSSION

Seizures in Sotos syndrome are rare but may be refractory to standard treatment. The underlying mechanism remains unclear but may involve cortical dysregulation. This case highlights the importance of a multidisciplinary approach in managing intractable epilepsy in Sotos syndrome, necessitating further research for optimal treatment strategies.

PP 174

ANALYSIS OF THE INFLUENCE OF MATERNAL FACTORS ON INTENSIVE CARE UNIT ADMISSIONS AND EARLY NEONATAL OUTCOMES IN NEWBORNS AT A SELECTED TERTIARY CARE HOSPITAL SETTING IN COLOMBO DISTRICT

T R Liyanage[1], T M R Perera[2], L P C Saman Kumara[3]
[1]*John Radcliffe Hospital, Oxford University Hospitals. UK,* [2]*Colombo South Teaching Hospital, Kalubowila, Sri Lanka,* [3]*Castle Street Hospital for Women. Colombo, Sri Lanka*

INTRODUCTION
Maternal factors significantly impact pregnancy and neonatal outcomes. It is an area where a large number of studies have been carried out worldwide. But there is a paucity of studies in Sri Lankan context. This aims to address that & enhance neonatal health outcomes.

OBJECTIVES
The main aim is to determine the influence of maternal factors on early neonatal outcomes in infants born in a tertiary care hospital setting in Colombo.

METHOD
Observational retrospective study using data from 350 neonates admitted to Neonatal Intensive Care Unit (NICU) of Castle Street Hospital for Women, Colombo, from 1st of January 2022 to 31st December 2022. Ethics Review Committee of the Castle Street Hospital for Women at its meeting on 04/04/2023 decided to grant approval to carry out the research in the Castle Street Hospital (No. ERC/320/02/2023).

RESULTS
Older (≥35 years) mothers had more co-morbidities (Pre-pregnancy OR=1.640, during pregnancy (OR=1.83) and more assisted reproduction and Caesarean sections ($p<0.001$). More younger mothers had pregnancy-induced hypertension (($p=0.002$), anaemia (OR=2.694) and preterm birth. ($p=0.005$). The statistically significant variables for preterm birth were maternal age ($p=0.002$), multiple pregnancy ($p<0.001$) and assisted reproductive techniques ($p=0.004$) Extended NICU stay was associated with maternal pre-existing co-morbidities, use of assisted reproductive techniques, preterm and low birth weight infants.

CONCLUSIONS
While older mothers had more co-morbidities, Caesarean sections, and assisted reproduction, younger mothers faced higher risks of hypertension, preterm birth and anaemia, Preterm birth and extended NICU stays were linked to maternal age, multiple pregnancies, and comorbidities.

PP 175

SURVIVING PURPURA FULMINANS: A NEONATE'S BATTLE AGAINST SEVERE *PSEUDOMONAS* SEPSIS

B R R N Gunaratne[1], M S S K Bandara[1], VT Oorloff[1]
[1]Teaching Hospital Peradeniya, Sri Lanka

INTRODUCTION

Purpura fulminans is a rare, life-threatening condition characterized by widespread purpuric lesions, often associated with severe infections, coagulopathy, and disseminated intravascular coagulation (DIC). It is commonly seen in neonates with sepsis caused by bacterial pathogens such as *Pseudomonas aeruginosa*. Early diagnosis and aggressive management are crucial for survival

CASE REPORT

A term neonate, with a birthweight of 3.2kg, who did not require resuscitation at birth, presented on day two of life, with severe respiratory distress and signs of septic shock. Physical examination revealed purpura fulminans, a hallmark of severe sepsis with coagulopathy. Blood cultures confirmed *Pseudomonas aeruginosa* as the causative agent. The neonate was immediately started on broad-spectrum antibiotics, which were later adjusted to target *Pseudomonas* specifically. Given the severity of the infection, the neonate was transfused with blood and blood products to manage the coagulopathy. Mechanical ventilation was initiated due to respiratory failure, and intensive care was provided for 13 days, which included fluid resuscitation and vasopressors. Over the course of treatment, the neonate's condition gradually stabilized, and after 10 days of intensive care, the neonate was weaned off from the ventilator. He was discharged following complete recovery

DISCUSSION

This case highlights the critical nature of purpura fulminans in neonates, particularly when caused by *Pseudomonas aeruginosa*. Despite the initial grave prognosis, aggressive management including antibiotics, blood transfusions, and mechanical ventilation led to complete recovery. Early intervention, aggressive management and intensive care can significantly improve outcomes in neonates with severe sepsis with associated purpura fulminans

PP 176

COMPARISON OF ADRENOCORTICAL SUPPRESSION CAUSED BY TWO PROLONGED STEROID COURSES EITHER WITH GRADUAL TAPERING COURSE OF STEROID OR RAPID AND STEEP TAPERING STEROID COURSE

U K Jayantha[1], **U K S R Udupitiya**[2], **M Dissanayaka**[2], **C Manura**[2], **I L A N Darshana**[3]

[1]*University Paediatric Unit, Faculty of Medicine, University of Ruhuna, Sri Lanka,* [2]*National Hospital Galle, Galle, Sri Lanka,* [3]*Department of Community Medicine, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Adrenal gland suppression is known among children with Nephrotic Syndrome (NS) following steroid therapy.

OBJECTIVES

To study the differences in adrenal gland suppression in children with NS following treatment with two different prolonged steroid regimens.

METHOD

A randomized controlled trial was conducted to compare two prolonged steroid regimens for steroid sensitive NS namely Authors Experimental Regimen (AER- Published in Cochrane Data Base in 2003; prednisolone 60mg/m2/day for 28 days followed by monthly tapering by 10mg/m2 /EOD until 10mg/m2/EOD) and KDIGO Regimen (KDIGOR; prednisolone 60mg/m2/day for 6 weeks followed by 40 mg/m2 /EOD for 6weeks with tapering over 3 months). Short synacthen test was done two to three weeks after completion of the above steroid courses. Data were analysed using student t test and Z test for two proportions at 0.05 significance. Trial was approved by the Ethical Review Committee of Faculty of Medicine, University of Ruhuna and registered in the Sri Lanka Clinical Trial Registry (SLCTR/2016/27)

RESULTS

There were 54 children (28 for AER and 26 for KDIGOR) in the study. There was no statistically significant difference in the age of onset of NS ($p=0.696$) and time to remission after starting with daily prednisolone ($p=0.506$) between the two regimens. Cumulative steroid dose given to KDIGOR and basal cortisol level in KDIGOR was significantly lower ($p<0.001$) compared to the AER. The 60 min level which is more diagnostic of adrenal suppression was significantly low ($p=0.001$) in KDIGOR (452.0 nmol/l+/-175.0) compared to 612.9nmol/l +/- 166.2) in AER. Adrenocortical suppression was (considered <550nmol/l at 60 min) statistically significantly higher in KDIGOR compared to AER [20/26(76.9%) vs 9/28(32.1%) $P<0.001$]. The steroid dependency was lower among patients with adrenal suppression in AER (1/9) compared to KDIGOR (8/20) but it remained statistically non-significant($p=0.118$).

CONCLUSIONS

Adrenocortical suppression is mainly dependent on the way of tapering the steroid course than the duration of treatment and the cumulative steroid dose given.

PP 177

CLINICAL CHARACTERISTICS AND OUTCOMES OF RADIOLOGICALLY CONFIRMED COMMUNITY-ACQUIRED PNEUMONIA: A SINGLE-CENTRE STUDY

G A D N B Wimalasena[1], D W N M Wimalaguna[1], S L Mohotti[1], B Y Samarawickrama[1], P Walpola[1], A H M R S Aiyapperuma[2], I Kankananarachchi[2]

[1]*National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Pneumonia is a common cause of hospitalization among children and accounts for 14% of deaths in those under five years of age.

OBJECTIVES

This study aimed to assess the clinical profile and the outcome of patients diagnosed with Community-Acquired Pneumonia (CAP) in the studied unit.

METHOD

This retrospective study reviewed medical records of children admitted with radiologically confirmed CAP to the University Paediatric Unit of the National Hospital Galle between January 1 and December 31, 2024.

RESULTS

A total of 63 patients had radiologically proven CAP. Of them, 55% (n=35) were male. The mean age was 50.9 months (± SD 73), with the majority (44%, n=28) falling within the 1 to 5 year age group. The average duration of hospital stay was 6 days (± SD 3). Lobar pneumonia was identified in 68% (n = 43) of the children, with right-sided involvement observed in 79% (n = 34) of those cases. C-reactive protein (CRP) testing was performed in 62 children, with values ranging from 2 to 318 mg/dL. Among them, 85.4% (n=53) had elevated CRP. Total white cell count (WBC) was assessed in all patients, with elevated levels found in 65% (n=41). Mycoplasma IgM antibodies were positive in 9 (14%) patients, and 3 (0.5%) patients tested positive for Influenza A/B by PCR. Blood and sputum cultures showed no bacterial growth in any case. Parapneumonic effusions developed in 3 (0.5%) patients. Intravenous antibiotics were administered to 98% (n=62) of the children. The most used intravenous and oral antibiotics were cefotaxime and azithromycin, respectively. Chest physiotherapy and humidified high flow nasal oxygen therapy were given to 31% (n=20) and 19% (n=12) respectively. All patients recovered, with no reported mortality.

CONCLUSIONS

The study revealed that most children had right-sided lobar pneumonia, with no reported mortality

PP 178

A CASE OF ABETALIPOPROTEINAEMIA IN SRI LANKA: SUCCESSFUL DIAGNOSIS AND MANAGEMENT IN A RESOURCE-LIMITED SETTING

W M M R Wickramasinghe[1], **G A D N B Wimalasena**[1], **U B Liyanage**[1]
[1]*National Hospital Galle, Sri Lanka*

INTRODUCTION

Abetalipoproteinemia (ABL) is a very rare autosomal recessive disorder of lipoprotein metabolism associated with severe fat malabsorption. Prompt diagnosis is needed to avoid complications. The ultimate diagnostic pathway of ABL is a challenge in resource-limited setups.

CASE REPORT

An 11-month-old male infant born to consanguineous parents at term with a birth weight of 2350g presented with severe failure to thrive, not responding to nutritional interventions. He had diarrhoea, which was aggravated after starting complementary feeding. His family history was unremarkable. Examination was normal except for severe muscle wasting.

Laboratory tests revealed very low levels of total cholesterol (TC), triglycerides (TG), high density lipoproteins (HDL), low density lipoproteins (LDL) and very low-density lipoproteins (VLDL). His Vitamin D levels were insufficient with normal serum proteins and haemoglobin levels. Blood picture showed acanthocytosis. Stool examination was positive for fat globules. Abdominal sonography and retinal fundoscopy were normal. Histology of duodenal biopsy showed marked cytoplasmic vacuolization of glandular epithelium. The parents' lipid profiles were normal. The infant was managed with dietary modification and high-dose vitamin A, E, D and K.

DISCUSSION

As parents' lipid profiles were normal, familial hypobetalipoproteinaemia was excluded. Low levels of TG and LDL made the diagnosis of chylomicron retention disease less likely here. Clinical history, low levels of lipids, presence of acanthocytes in blood film and duodenal biopsy findings were compatible with ABL. However, this child did not have ophthalmic complications of ABL. His response to Vitamin supplementation and dietary modifications further strengthened our diagnosis. As Sri Lanka is a resource-limited country and the parents were not financially stable, there was a difficulty in getting genetic testing to confirm the diagnosis and other investigations, like coeliac antibodies, to rule out other differential diagnoses. This case can be considered a success story of diagnosing and managing ABL in a resource-limited setting.

PP 179

STAKEHOLDER PERCEPTIONS AND SATISFACTION ON VOCATIONAL TRAINING FOR YOUNG PERSONS WITH DISABILITIES IN SRI LANKA: A MIXED METHODS STUDY

S P Sumanasena[1,2], C Kumarage[1], D D Siriwardhana[3], T Handy[1], U Colonne[1], A Caldera[1], N Athawuda[1], C Dantanarayana[1], M Gamage[1], I Dharmarathna[1,2]

[1]Ayati, National Centre for Children with Disabilities, Ragama, Sri Lanka, [2]Department of Disability Studies, Faculty of Medicine, University of Kelaniya, Sri Lanka, [3]Division of Medical Education, School of Medical Sciences, Faculty of Biology, Medicine and Health, The University of Manchester, United Kingdom

INTRODUCTION

A large majority of children and young persons with disabilities (YPwD) live in low-and-middle income countries and struggle to access and remain in employment.

OBJECTIVES

- To describe the socio-demographic characteristics and the disability profiles of the YPwD.
- To explore the perspectives of YPwD, their caregivers, and educators on vocational training (VT)
- To explore the perceptions of stakeholders on VT and employment opportunities for YPwD.

METHOD

Over 70% trainees and parents expressed satisfaction regarding safety and facilities at VTIs. Attitudinal barriers, mismatched skills with job market needs, inadequate policies/regulations to protect YPwD employment were identified as major challenges that reduce the employability rates for YPwD. It was recommended to align VT curricula with National Vocational Qualifications, introducing pre-vocational training, fostering multi-stakeholder collaboration, and strengthening policy enforcement to ensure equitable employment opportunities.

RESULTS

A mixed method study was conducted. A total of 301 current trainees and 39 past trainees participated in this study together with 292 caregivers. Other stakeholders participated in the qualitative study. Island wide mixed method research explored the perspectives of YPwD, their caregivers, educators, and employers on VT institutes under the Department of Social Services and the Ayati National Centre in Sri Lanka. The study involved quantitative surveys with 358 current trainees, 45 past trainees, 358 caregivers, and 47 educators. The qualitative phase included interviews and focus groups discussions with 20 key stakeholders from government, corporate, and non-governmental sectors.

CONCLUSIONS

This study revealed systematic gaps in VT and their impact on employability for YPwD.

PP 180

NOVEL X LINKED AVPR2 MUTATION-RELATED NEPHROGENIC DIABETES INSIPIDUS: A CASE REPORT

Nimanthi Rathnayake[1], **Chanika Lokuhewage**[1], **Eresha Jasinghe**[1], **Rasika Gunapala**[1]
[1]*Lady Ridgeway Hospital for Children, Sri Lanka*

INTRODUCTION

Nephrogenic diabetes insipidus (NDI) is caused by the inability of the renal collecting ducts to absorb water in response to antidiuretic hormone (ADH) resulting in excessive urine production despite normal or elevated plasma ADH levels. X-linked NDI, caused by AVPR2 gene mutations, accounts for approximately 90% of congenital cases. This report presents a case consistent with the clinical diagnosis of X-linked NDI involving a novel AVPR2 mutation.

CASE REPORT

A 5-year-old boy initially presented at 2½ months with poor weight gain despite exclusive breastfeeding. He was the second child of non-consanguineous parents, with a healthy sister, born at term with birth weight of 2.54kg.

Initial evaluation revealed polyuria (5.7-6.1ml/kg/hour), hypernatraemia (serum sodium: 168mmol/L), elevated serum osmolality (335 mOsm/kg water), and inappropriately low urine osmolality (112 mOsm/kg water). A desmopressin challenge test failed to increase urine osmolality confirming NDI. Treatment with hydrochlorothiazide and indomethacin was initiated with a good initial response. Follow-up was defaulted during the COVID-19 pandemic, though medications were continued without dose adjustments.

At age 5, he presented with persistent polydipsia, polyuria (13ml/kg/hour), and significant growth failure (weight <-3SD, height <-3SD, body mass index 12.1). Laboratory values showed elevated serum osmolality and low urine osmolality.

Genetic testing identified a hemizygous variant c.871C>T p.(Gln291*) in the AVPR2 gene. This novel variant is classified as a variant of uncertain significance (VUS). Medication doses were adjusted to indomethacin 2mg/kg/day and hydrochlorothiazide 3mg/kg/day with a good response during follow up.

DISCUSSION

This case reports a novel AVPR2 gene mutation (VUS) in a patient with characteristic presentation of X-linked NDI. This case emphasizes the importance of evaluating novel genetic variants and expands the known genotypic spectrum of NDI. Maternal targeted testing will determine if the variant was inherited or de novo, providing valuable information for family counselling

PP 181

PHYSICAL ACTIVITY AND ITS ASSOCIATED FACTORS AMONG PRIMARY SCHOOL CHILDREN IN THE GAMPAHA EDUCATION ZONE

R G I A Gamage[1], M S C Gunarathna[1], K A K W Gunaratne[1], G V S Gunasekara[1], A K Gunathilake[1], M M S Gunathilake[1], L K Athauda[2]
[1]*Faculty of Medicine, University of Kelaniya, Sri Lanka,* [2]*Department of Public Health, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

The World Health Organization (WHO) recommends a minimum of 1 hour a day of physical activity for children. Physical inactivity in children is predictive of Non-Communicable Disease related morbidity and mortality in the future. There is an increasing concern regarding physical inactivity of primary school children in Sri Lanka due to various factors.

OBJECTIVES

This study aimed to to describe the level of physical activity and factors influencing physical activity among primary school children in Gampaha educational zone

METHOD

Ethics approval was obtained from the Ethics Review Committee, Faculty of Medicine Ragama (Ref no- P/140/09/2023). Cross-sectional survey was carried out among randomly selected parents who had at least one child in grade 1-5 attending randomly selected schools in the Gampaha district. The validated Physical Activity Questionnaire-C (C-PAQ) was used to determine physical activity levels among children. Moderate to vigorous physical activities for at least 60 minutes per day for ≥5 days per week were categorized as 'sufficiently active'**.** Data were analysed on SPSS using descriptive statistics and tests for association.

RESULTS

Of the 385 parents surveyed for the study; 65.2% (n=251) had a girl in Grade 1-5. Majority of the children in the sample were from Grade 1 (30.4%, n=117), and only 55 responses were given from the parents of the children in Grade 5. Out of the 86.7% (n=335) children who were sufficiently active, 69.3% (n=232) were females. Average moderate activity time was 111min/day – (girls-112min/day, boys- 108min/day); 65% (n=254) participated in sports ≥3 days a week. Children who used active transportation and were living closer to school had higher levels of physical activity at school ($x^{2\,(2)} = 8.16, p < 0.05$) Majority (95.6%, n=368) of students enjoyed physical activities, but constant engagement with technology (50.6%, n=195) and overscheduling of extracurricular activities (34.5%, n=133) were significant barriers

CONCLUSIONS

Majority of the students in grades 1-5 met the WHO recommended level of physical activity and girls were slightly more active than boys. Active school transport predicted increased physical activity among children.

PP 182

A CHILD WITH MULTIPLE ARTERIOVENOUS MALFORMATIONS

T S Marikar[1], G A D N B Wimalasena[2], D W N M Wimalaguna[2], S L Mohotti[2], B Y Samarawickrama[2], P Walpola[2], N D Liyanarachchi[3]
[1]Base Hospital Gampola, Sri Lanka, [2]National Hospital Galle, Sri Lanka, [3]Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka

INTRODUCTION

Isolated Arteriovenous Malformations (AVMs) are rare conditions in childhood. The occurrence of multiple AVMs in the same child is even rarer. Here, we present a case report of a child with AVMs involving the Thalamic area, sigmoid sinus, Torcula, vertex region and venous drainage of the face

CASE REPORT

A 10-month-old child presented with a suspected left eyelid haemangioma. He was delivered at term with a normal birth weight. On examination, facial asymmetry was noted with proptosis of the left eye. On neurological examination, right-sided hemiplegia was noted with normal reflexes. The rest of the examination was normal.

Ultrasound scan of the eyelids was suggestive of AVM. Contrast-enhanced computed tomography of the brain showed a large AVM in both thalamic regions, mainly on the left side, with possible feeding from the left middle cerebral artery and the basilar artery.

Cerebral digital subtraction angiography revealed diffuse bilateral thalamic AVMs (Grade 4) with numerous supplying arteries predominantly from bilateral thalamo-striate and posterior choroidal/ posterior cerebral arteries. The drainage was noted via dilated internal cerebral veins to the straight sinus and sylvian veins to the sigmoid sinuses. Torcula was also grossly dilated. Additional drainage was also noted via the facial and orbital veins to the superior sagittal sinus. A dural arteriovenous fistula component was noted in the vertex region, supplied by distal branches of the right middle meningeal artery, with a minor component from the left middle meningeal artery.

Those AVMS were not amenable to endovascular interventions. Thus, it was decided to manage the patient conservatively.

DISCUSSION

A facial AVM could be significant as it can be a marker of a hidden serious AVM malformation. Therefore, visible facial AVMs can prompt clinicians to screen and be alert to the possibility of more serious associated AVMs and complications.

PP 183

A SUCCESS STORY OF NEW ONSET REFRACTORY STATUS EPILEPTICUS (NORSE) TREATED WITH THERAPEUTIC PLASMA EXCHANGE

S W K M B Bulankulame[1], W A A K Wickramasinghe[1], D S Senavirathna[1], W A T S Thissera[1], P Gamage[2], S Deshapriya[2], M I Jayarathne[3], T Munasinghe[3], P Abeysinghe[4]

[1]*Paediatric Unit, National Hospital, Galle, Sri Lanka,* [2]*Paediatric Intensive Care Unit, National Hospital, Galle, Sri Lanka,* [3]*Paediatric Neurology Unit, National Hospital, Galle, Sri Lanka,* [4]*Transfusion Unit, National Hospital, Galle, Sri Lanka*

INTRODUCTION

NORSE is defined as new onset of refractory status epilepticus without a clear acute or active structural, toxic or metabolic cause in a patient without active epilepsy. There is no exact protocol described in literature for management of NORSE. This case report discusses a successful management of NORSE with therapeutic plasma exchange (TPE), highlighting the importance of early detection and timely management.

CASE REPORT

A 4 years-old male, second born to non-consanguineous healthy parents, presented to local hospital with a prodromal illness of fever and diarrhoea for 1 week followed by a super refractory status epilepticus. He had no significant medical history and birth history was uncomplicated. With status epilepticus and circulatory insufficiency, he was transferred to the paediatric intensive care unit (PICU) for further management. Despite multiple antiepileptic drugs such as benzodiazepines, phenobarbitone, phenytoin sodium and levetiracetam, he showed continuous seizure activity, requiring 48 hours of intravenous thiopental infusion, for a complete cessation of nonconvulsive status pattern lateralized to left hemisphere in electroencephalography.

Basic investigations revealed neutrophilic leucocytosis with normal platelet count and haemoglobin level along with normal inflammatory markers. Lumbar puncture was negative and both blood and cerebrospinal fluid cultures were sterile. Magnetic resonance imaging of the brain showed no abnormalities. Day 2 of PICU stay he was started on intravenous immunoglobulin 2g/kg and intravenous methylprednisolone pulse therapy. Therapeutic plasma exchange was commenced on day 4 of admission where he showed a marked improvement following the second cycle of TPE. With paediatric neurology opinion, 5 cycles of TPE were carried out and after 10 days of PICU stay he was weaned off from ventilatory support successfully without any major residual neurological disability. His interval electroencephalogram was normal in both awake and sleep states. He was started on antiviral, antibiotic therapy and antiepileptic drugs. After 14 days of PICU stay he was handed over to the paediatric ward for continuation of treatment and neurorehabilitation.

DISCUSSION

This case highlights the importance of a multidisciplinary approach in managing refractory epilepsy and the important role of therapeutic plasma exchange in managing NORSE. Timely identification and commencement of treatment are essential for improving outcomes. Further studies are needed to better understand and refine the management strategies of refractory epilepsy.

PP 184

REFRACTORY HYPOCALCAEMIA: MANAGEMENT CHALLENGE IN AN INFANT WITH VITAMIN D DEPENDENT RICKET TYPE 2A

Dula N Alwis[1], T M D C Tennakoon[1], W U C J Wijerathne[1], Tharanga Mannapperuma[1], Vasana Kiridana[2], Jananie Suntharesan[3]
[1]*Professorial Paediatric Unit, Teaching Hospital, Peradeniya, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Peradeniya, Sri Lanka,* [3]*Paediatric and Adolescents Diabetes and Endocrinology Unit, Sirimavo Bandaranayake Specialized Children's' Hospital, Peradeniya, Sri Lanka*

INTRODUCTION

Vitamin D-dependent rickets type 2 (VDDR2) is a rare genetic disorder resulting in end organ resistance to 1,25 OH vitamin D leading to hypocalcaemia, secondary hyperparathyroidism and rickets. We report a case of VDDR2 in a child presenting with recurrent hypocalcaemia-induced carpopedal spasms.

CASE REPORT

This is the 4th child of consanguineous parents, born at term with a birth weight of 3.4 kg. He was noted to have delayed gross motor development and dental eruption. At the age of 10 months, he presented with fever, mucous diarrhoea, excessive crying and carpopedal spasms. On examination, the child exhibited a wide anterior fontanel, occipitofrontal circumference at +2SD, wrist widening, and patchy alopecia. Investigations revealed adjusted calcium of 1.33mmol/L (2.15 -2.50 mmol/L) and hypomagnesaemia of 0.62mmol/L. Parathyroid hormone (PTH) was elevated with insufficient vitamin D levels. His alkaline phosphatase level (ALP) was high with low phosphate. X-ray of the left wrist revealed characteristic features of rickets. Despite intravenous calcium and magnesium supplementation, he had refractory hypocalcaemia leading to carpopedal spasms. Based on suspected VDDR, he was commenced on calcitriol. He responded to higher doses of calcitriol (160 ng/kg/day) and calcium (4000 mg/day). Along with symptomatic improvement, the corrected calcium, ALP and phosphate levels normalized following treatment. This leads to the possible diagnosis of VDDR2A. However, in the absence of genetics and 1,25 OH vitamin D levels, we are unable to confirm the diagnosis.

DISCUSSION

This case highlights the importance of considering VDDR2 in cases of refractory hypocalcaemia which needed higher doses of calcitriol, particularly in the setting of consanguinity. Early recognition and appropriate management with higher doses of active vitamin D analogue can prevent complications and improve clinical outcomes.

PP 185

EPIDEMIOLOGICAL PATTERNS AND RISK FACTORS FOR SNAKEBITES AMONG SRI LANKAN CHILDREN: A CASE-CONTROL STUDY

Kavinda Dayasiri[1], Dihan Caldera[1], Gihan Gunarathna[1], Achila Ranasinghe[1], Nayani Suraweera[2], V Thadchanamoorthy[3], Priyanga Burhan[4], Maduwanthi Hettiarachchi[5], Thanura Denipitiya[6], Sudharshana Bandara[7]

[1]Faculty of Medicine, University of Kelaniya, Sri Lanka, [2]Rajarata University of Sri Lanka, [3]Faculty of Healthcare Sciences, Eastern University of Sri Lanka, [4]Faculty of Medicine, Wayamba University of Sri Lanka, [5]Teaching Hospital Peradeniya, Sri Lanka, [6]District General Hospital, Hambantota, Sri Lanka, [7]Base Hospital Medirigiriya, Sri Lanka

INTRODUCTION

Snakebite envenomation is a neglected tropical disease and a significant cause of morbidity among Sri Lankan children, especially in rural regions. Despite its impact, paediatric-specific data remain limited. This study aimed to explore the epidemiological patterns, environmental and behavioural risk factors, and first aid responses related to pediatric snakebites in Sri Lanka.

OBJECTIVES

To identify the risk factors, clinical patterns, and first-aid practices associated with paediatric snakebites through a multi-centre, prospective case-control study.

METHOD

A prospective, multi-centre study was conducted from January 2022 to December 2024 across nine government hospitals in seven provinces. A total of 445 children aged 0–17 years with confirmed snakebites were enrolled, and age- and gender-matched controls (n=445) were selected from the same communities. Data were collected through structured interviews with parents and review of medical records. Logistic regression was used to identify independent risk factors for snakebite. Ethical approval was obtained from the ERC of the Postgraduate Institute of Medicine, University of Colombo.

RESULTS

The hump-nosed viper (23.1%) was the most common medically important snake, while the water snake (16.5%) was the most common non-venomous species. Most bites occurred during outdoor play (30%), walking (20%), or household chores (15%). Peak incidence aligned with the rainy seasons. The foot (58.2%) was the most commonly affected body part. Notably, 45.4% of parents used harmful first-aid methods such as tourniquets. Independent risk factors for snakebite included proximity to agricultural land (OR=2.49), presence of livestock (OR=2.67), old logs (OR=3.02), poor garbage disposal (OR=0.32), and storing paddy at home (OR=1.94) (all $p<0.05$).

CONCLUSIONS

Paediatric snakebites in Sri Lanka are influenced by modifiable environmental and behavioural risk factors.

PP 186

BEYOND THE USUAL SUSPECTS: A NEONATAL SEIZURE REVEALING TUBEROUS SCLEROSIS COMPLEX: A CASE REPORT

R G D S Rankoth[1], A A R M N S Rathnayake[1], S M Gamalathge[1], C Weerarathne[2], S Thalgahagoda[3], S T Kudagammana[3]
[1]*Paediatric Professorial unit, Teaching Hospital Peradeniya, Sri Lanka,* [2]*Sirimavo Bandaranaike Specialized Children's Hospital, Peradeniya, Sri Lanka,* [3]*Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION

Neonatal seizures present a diagnostic challenge, requiring an urgent evaluation to identify life-threatening causes. While metabolic and infectious aetiologies are frequently considered, Tuberous Sclerosis Complex (TSC) is not considered as an aetiological factor. Often overlooked. TSC is an autosomal dominant disorder characterized by hamartomatous growths in multiple organs, with epilepsy occurring in up to 90% of cases. Though seizures in TSC typically present as infantile spasms, neonatal seizures are a rare manifestation. In such cases brain tumours and cardiac rhabdomyomas are close associations. We present a case of TSC initially manifesting as neonatal convulsions, highlighting the importance of early recognition and multisystem evaluation for prompt diagnosis and management.

CASE REPORT

A term male neonate, sixth-born to a healthy 36-year-old mother via normal vaginal delivery, developed seizures on day 3 of life. The episodes included eye blinking, head deviation, and subtle limb jerks. There was no significant family history of neurological disorders or genetic conditions. Clinical examination revealed multiple hypopigmented macules, raising suspicion for TSC. Initial metabolic, infectious, and haematological workups were unremarkable. Cranial ultrasound revealed asymmetrical ventricles, absent falx, and cysts in the caudothalamic groove.

On day 23, seizures recurred, while on phenobarbitone requiring levetiracetam to control them. Two consecutive electroencephalograms (EEG) were performed and did not reveal hypsarrhythmia. Further evaluation confirmed the diagnosis of TSC based on:

- Ophthalmology and Dermatology: Retinal hamartomas and hypomelanotic macules
- Magnetic resonance imaging of brain: Subependymal nodules, cortical tubers, retinal hamartoma
- Cardiac echocardiography: Multiple rhabdomyomas
- Renal imaging: Bilateral nephroblastomatosis needs to be considered

Seizures remained controlled, and the patient was enrolled in a multidisciplinary clinic for ongoing care.

DISCUSSION

This case underscores the importance of considering TSC in neonatal seizures. Early diagnosis and multidisciplinary management are crucial for optimizing neurodevelopmental outcomes.

PP 187

VARIED PRESENTATIONS OF ACUTE GLOMERULONEPHRITIS IN CHILDREN: RESEARCH

Balachandran Umaginy[1], **Dinesh Rangana**[2], **Vindya Gunasekara**[3]
[1]*Manchester Foundation Trust, United Kingdom,* [2]*Teaching Hospital Anuradhapura, Sri Lanka,*
[3]*Lady Ridgeway Hospital for Children, Sri Lanka*

INTRODUCTION
Acute Glomerulonephritis (AGN) in children present with a broad clinical spectrum, ranging from asymptomatic urinary abnormalities to severe renal dysfunction. Recognizing its varied presentations is essential for timely diagnosis and effective management.

OBJECTIVES
To evaluate the clinical and laboratory characteristics and long-term outcomes, in children presenting with atypical features of AGN

METHOD
It is a descriptive analysis over one year and included 66 children aged 2–16 years 1diagnosed with AGN. Clinical features, laboratory findings, renal biopsy results, and outcomes were analysed to identify patterns in presentation and underlying aetiology.

RESULTS
The majority of children was in the 6–12-year age group. Hypertension and oedema were the most common presentations (95.5%), followed by haematuria (60.6%) and oliguria (48.5%). Nephrotic-range proteinuria was observed at onset in 60.6% of cases. Low serum C3 was seen in 67.7% and normalized during follow-up. ANA was positive in 23.5%, while dsDNA, cANCA, and pANCA were negative in all. Atypical presentations included isolated proteinuria, hypertensive crises, and rapidly progressive glomerulonephritis. Post-infectious GN was the most common aetiology. Renal biopsy, performed in 31.8% of patients, revealed IgG and C3 deposits in most cases; 13.6% children had acute kidney injury requiring dialysis. None required dialysis beyond two weeks. Immunosuppressive therapy was needed in 30.3% of patients, with half requiring intensive regimens for up to 4–6 months. Overall, 66.6% presented with typical features, while 33.4% had varied presentations.

CONCLUSIONS
Overall, 66.6% of AGN in children presented with typical features, while 33.4% had varied presentations.

PP 188

KNOWLEDGE AND ATTITUDE TOWARDS CHILD-HOOD HEARING LOSS (CHL) AND SCREENING SERVICES AVAILABLE AMONG A SELECTED GROUP OF PARENTS.

Manori Gamage[1], M S T Guruge[1], Devindi Madurawala[1], Hambsathvani Gnanavelrajah[1]
[1]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayawardenepura, Sri Lanka*

INTRODUCTION
Early detection and intervention of CHL is crucial for healthy childhood developmental outcomes. So, it is crucial to improve parental knowledge and awareness to implement timely and cost-effective interventions.

OBJECTIVES
To assess the knowledge and attitudes towards CHL, hearing screening and interventions related to CHL in a selected population of parents.

METHOD
A descriptive cross-sectional study was carried out among a random sample of parents of children aged 0-12 years, who presented to a tertiary care hospital, using a structured interviewer-administered questionnaire. Data were analysed using SPSS. Ethics- CSTH ERC (PL/MO/2020)

RESULTS
Out of 300, there were 262 (87.3%) mothers. The mean age of the sample was 30.96 years. Half (152, 50.7%) of them were educated up to O/L. The knowledge regarding signs, causes and risk factors of CHL was recorded as good in 42% (n=126), 48.3% (n=145), 63.7% (n=191) respectively while knowledge regarding screening and interventions related to CHL was good in 53.3% (n=160). Out of them, only 48.7% (n=146) knew about the National Hearing Screening Programme (NHSP) and only 43.2% (n=63) had reported that it is easily accessible. Parental age has demonstrated a significant association between knowledge on signs (p=0.034) and causes (p=0.022) of CHL while parental educational level had demonstrated a significant association between knowledge on signs (p=0.000), interventions available (P=0.02), and overall attitudes (p=0.029) of CHL.

CONCLUSIONS
There were significant gaps in parental knowledge and attitudes regarding CHL and risk factors.

PP 189

UNILATERAL JUGULAR VENOUS ECTASIA WITH ISOLATED AURICULAR MALFORMATION IN A SRI LANKAN CHILD

V Vijayakanth[1], **V Thadchanamoorthy**[2], **S Sakthiyavani**[3]
[1]*Paediatrician Unit, Hospital, Valaichchenai, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Health-Care Sciences, Eastern University Sri Lanka,* [3]*Department of Radiology, Base Hospital, Valaichchenai, Sri Lanka*

INTRODUCTION

Jugular vein phlebectasia (JVP) is a rare paediatric venous anomaly, presenting as a soft, unilateral neck swelling that enlarges during coughing or Valsalva manoeuvre. It more commonly affects the right side, likely due to anatomical factors. Its aetiology is uncertain, with congenital wall weakness and trauma being proposed mechanisms.

CASE REPORT

A 4-year-old boy, previously evaluated for auricular malformation, with no other medical conditions during early childhood, presented to the paediatric clinic with a painless swelling behind the left ear for three months, which was most noticeable after crying or shouting. He had been registered for cosmetic correction of the auricular abnormalities around the age of 14. His development and immunization were otherwise age-appropriate.

The examination revealed a cystic lump measuring 3 cm x 4 cm, which became apparent while talking or shouting. He had no facial asymmetry or ocular or vertebral abnormalities. The rest of the system examination was clinically normal. However, the left internal jugular vein was significantly dilated during the Valsalva maneuver, reaching a diameter of up to 16 mm, as shown in neck ultrasonography. A computed tomography scan/magnetic resonance imaging of the head and neck was normal and excluded associated vascular abnormalities.

Management is typically conservative unless complications arise or cosmetic surgery is considered for the auricular abnormality.

DISCUSSION

Our case is unusual due to its left-sided location and the association with isolated auricular malformation. This combination is rarely documented and may reflect a localized embryological defect affecting the second branchial arch and adjacent venous structures. While syndromic associations like Goldenhar syndrome involve both auricular and vascular anomalies, the absence of systemic features suggests a non-syndromic presentation.

PP 190

CEREBRAL VENOUS THROMBOSIS (CVT) FOLLOWING DEHYDRATION: A RARE BUT CLINICALLY SIGNIFICANT COMPLICATION

K T R Jayasanka[1], **M Jayarathne**[1], **U B Liyanage**[1]
[1]*National Hospital, Galle, Sri Lanka*

INTRODUCTION

Cerebral venous thrombosis (CVT) is a rare but serious condition in children that occurs when a blood clot forms in the venous sinuses of the brain, disrupting normal blood flow and leading to increased intracranial pressure, neurological deficits, and in severe cases, death. While CVT can be associated with various risk factors, such as infections, genetic thrombophilia, or trauma, dehydration has emerged as an important contributing factor. Dehydration, through mechanisms such as hyperviscosity of blood and reduced cerebral blood flow, can predispose children to thrombotic events, including CVT. Here we present a case of CVT which occurred as a result of dehydration in a child.

CASE REPORT

A 2-year-old previously healthy boy presented with vomiting, poor oral intake, irritability and a significant headache. The vomiting had been there for 2 days. He had clinical features of severe dehydration but neurological examination was normal. His total white cell count was 12000 /L, with neutrophil/lymphocyte predominance; haematocrit was 65 and C-reactive protein level was less than 2. Combination of non-contrast enhanced computed tomography (CT) and venogram of the brain revealed CVT involving the posterior part of the superior sagittal sinus, straight sinus, left transverse and sigmoid sinus extending to the upper internal jugular vein. Management was initiated with subcutaneous enoxaparin (low molecular weight heparin) during the acute phase, followed by warfarin once INR was adequately titrated to prevent further clotting. The echocardiogram, sickling test, Hams test and coagulation profile were negative. At discharge, it was planned to repeat CT venogram in 3 months with thrombophilia studies.

DISCUSSION

Timely intervention, including rehydration, anticoagulation therapy, and supportive care, are keys to improving outcomes in CVT in the context of dehydration. CVT in children due to dehydration is a potentially life-threatening condition that requires prompt diagnosis and intervention. Clinicians must maintain a high index of suspicion of thrombosis, particularly in cases with severe dehydration and having neurological features that cannot be explained otherwise.

PP 191

AVAILABILITY AND ACCESSIBILITY OF CYTOTOXIC MEDICINES FOR CHILDHOOD CANCER IN LOW AND LOWER-MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW

Shehana Denagamagei[1], Maheeka Seneviwickrama[1,2], Surangi Jayakody[2,3], Sanjeeva Gunasekera[4,5], Guwani Liyanage[6]

[1]Centre for Cancer Research, University of Sri Jayewardenepura, Nugegoda, Sri Lanka, [2]Department of Community Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka, [3]Division of Health Sciences, University of Warwick, Warwick Medical School, Coventry, UK, [4]Department of Paediatric Oncology, National Cancer Institute Sri Lanka, Maharagama, Sri Lanka, [5]Sri Lanka Cancer Research Group, Colombo, Sri Lanka, [6]Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

INTRODUCTION

Cancer is a significant cause of morbidity and mortality in children worldwide. Socio-economic inequalities significantly impact paediatric cancer survival.

OBJECTIVES

To elucidate the enablers and barriers influencing the availability and accessibility of essential medicines for childhood cancer (EMCC) in low-and lower-middle-income countries (LLMICs).

METHOD

This systematic review was conducted adhering to the PRISMA guidelines. Review questions were framed according to the ECLIPSE (expectation, client group, location, impact, professionals, and service) framework. The client group was children less than 19 years living in LLMICs with any malignancy. Peer- reviewed primary studies, in the English language were included. Literature search was done through in MEDLINE, EMBASE, and CINAHL in addition to national/regional reports and policy documents. The quality was assessed using the mixed methods appraisal tool. The enablers and barriers were categorized according to the six-health system building blocks defined by the World Health Organization (WHO).

RESULTS

The final synthesis included 09 articles: 06 quantitative, 02 mixed-method, and 01 review article representing 26 LLMICs from Africa, Asian, and American continents. Overall stock out rate ranged from 17% to 100%. The stock out rate was higher in the public sector than in the private sector. Key enablers of drug availability and accessibility included stable pricing, government funding and policy initiatives, public–private sector partnerships, adoption of the WHO Essential Medicines List, and the prioritization of procurement strategies for paediatric cancer care. Barriers included inadequate global drug production, high drug costs, weak regulatory enforcement, poor supply chain management, and insufficient health information systems, catastrophic health expenditure, absence of proactive drug procurement practices, and weak drug distribution systems.

CONCLUSIONS

The findings revealed the failure of LLMICs to meet the WHO-recommended target of 80% availability for EMCCs. The availability and accessibility of EMCC in LLMICs are hindered by multiple systemic barriers despite several enablers.

PP 192

AN INFANT WITH A SIGNIFICANT LOWER AIRWAY OBSTRUCTION DUE TO DILATED PULMONARY ARTERY: MANAGEMENT APPROACH IN A RESOURCE-LIMITED SETTING

S Renushanth[1], **Channa De Silva**[1], **H A N C Jayawardhana**[1], **W S A Deshapriya**[1], **C Warusaperuma**[1]
[1]*Paediatric Pulmonology Umit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Airway abnormalities are frequently seen in children with congenital heart disease (CHD), either pre- or postoperatively. In cases of repeated extubation failures, clinicians should consider structural airway issues in these children.

CASE REPORT

A 5-month-old infant with complex CHD, including dextrocardia, large ventricular septal defect, transposition of great arteries, and patent ductus arteriosus (PDA), underwent staged surgical management with pulmonary artery banding and PDA ligation. Postoperatively, the infant experienced repeated extubation failures despite being stable on low ventilator settings. Flexible bronchoscopy revealed a slit-like tracheal narrowing at the carina, suggesting anterior tracheal compression. Computed tomography (CT) angiogram confirmed an external compression by dilated right pulmonary artery.

Due to the complexity of the cardiac anatomy and surgical adhesions, further surgery was deferred. A Y-shaped silicone stent was unavailable in the public sector, and metallic stents were avoided due to potential granulation and long-term damage. Tracheostomy was not an option as the narrowing was distal to the tracheostomy site.

Following a multidisciplinary discussion, a conservative trial of synchronized intermittent mandatory ventilation with pressure support was initiated. The approach aimed to facilitate weaning, support respiratory muscle training, and allow time for airway maturation. Over the following weeks, the infant improved clinically and was successfully extubated to non-invasive ventilation, followed by high-flow nasal cannula with a gradual weaning plan.

DISCUSSION

All infants with difficulty in weaning from ventilator support need to be evaluated for possible airway obstruction. In infants with CHD complicated by tracheomalacia and tracheal compression where surgery, tracheostomy, and stenting are not feasible or available, conservative management with pressure-supported ventilation may offer a safe, less invasive alternative. This strategy allows respiratory muscle conditioning and time for airway maturation, potentially improving the long-term airway stability.

PP 193

INFANTILE PYKNOCYTOSIS: A RARE CAUSE OF SEVERE NEONATAL NON-IMMUNE HAEMOLYTIC ANAEMIA

M S A Razick[1], **T R Liyanage**[1], **Charlotte Bennett**[2]
[1]*Neonatal Unit, John Radcliffe Hospital, Oxford University Hospitals NHS Trust, UK*

INTRODUCTION

Infantile pyknocytosis (IP) is a rare, self-limiting, non-immune haemolytic anaemia of the newborn characterized by the presence of pyknocytes (irregular, hyperdense, and often spiculated red blood cells) in the peripheral smear. It typically presents within the first few weeks of life with jaundice and anaemia. While its exact aetiology remains elusive, oxidative stress and immature neonatal antioxidant defences are suspected contributors. Diagnosis is clinical and morphological, requiring exclusion of other causes of neonatal haemolytic anaemia. Recognition is crucial as it may present with life-threatening anaemia and hyperbilirubinaemia but resolves spontaneously within months with supportive care.

CASE REPORT

A baby girl was born at 35 weeks and 3 days via emergency caesarean section due to abnormal antenatal cardiotocograph (CTG). Although antenatal scan at 26+5 weeks revealed raised middle cerebral artery peak systolic velocity (MCA PSV) suggestive of fetal anaemia, subsequent investigations and scans were normal and she was born in good condition. Postnatally she needed non-invasive respiratory support due to respiratory distress and was admitted to the neonatal unit. Investigations revealed severe anaemia (Haemoglobin 74 g/L), elevated lactate dehydrogenase (1887 IU/L), normal glucose-6-phosphate dehydrogenase and pyruvate kinase levels. Blood smear showed anisopoikilocytosis, target cells, nucleated red blood cells, and pyknocytes, raising suspicion for IP. Due to severe pathological hyperbilirubinaemia above exchange level, she underwent exchange transfusion. Discussion with haematology confirmed the diagnosis of IP based on characteristic smear findings and exclusion of other causes. She was subsequently discharged with appropriate follow-up arranged to monitor for possible prolonged jaundice.

DISCUSSION

IP should be considered in neonates presenting with severe haemolytic anaemia and unconjugated hyperbilirubinaemia, particularly when initial investigations fail to identify a cause. Although rare and currently considered a diagnosis of exclusion, its benign and self-limiting nature underscores the importance of early recognition to avoid unnecessary interventions. This case highlights the importance of blood smear evaluation and interdisciplinary collaboration in diagnosing and managing rare neonatal haematological disorders.

PP 194

PREVALENCE OF FOOD ALLERGY AMONG PRESCHOOL CHILDREN IN A SELECTED MEDICAL OFFICER OF HEALTH AREA IN KANDY DISTRICT, SRI LANKA

S T Kudagammana[1], **H R G W C P Ekanayake**[2]
[1]*Department of Paediatrics, Faculty of Medicine, University Of Peradeniya, Sri Lanka,*
[2]*Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka*

INTRODUCTION
Food allergies, as defined by the World Allergy Organization, are immune-triggered reactions that range from mild to life-threatening, such as anaphylaxis. The magnitude and prevalence of food allergies in the preschool population remain largely unknown in most regions of Sri Lanka.

OBJECTIVES
The general objective of this study is to assess the status of food allergies among preschool children in a selected Medical Officer of Health (MOH) area.

METHOD
A descriptive cross-sectional study was conducted with the use of a pre-tested self-administered questionnaire. A total of 220 parents of preschool children in the selected MOH area participated in the study. Statistical analysis was done by using SPSS version 25. The data were interpreted by calculating the frequencies, and percentages. The Chi-square test was used to assess associations between factors. We have obtained the ethical clearance for this study from the Ethics Review Committee of Faculty of Allied Health Sciences, University of Peradeniya (ERC number: AHS/ERC/2024/109). Informed consent was obtained from all parents of preschool children.

RESULTS
220 parents of preschool children participated, the prevalence of food allergy is 18.6% (n = 41; 95% CI, 14.05–24.30). The most common allergens were pork (43.9%) followed by prawn (39%), shrimp (36.6%), and canned fish (34.1%). Multiple food allergies were reported by 70.7% of children. Among children with food allergies, the most commonly reported symptoms were skin itching, crampy abdominal pain and vomiting. Parental food allergy history was significantly associated with the child's food allergy status (father: $p = 0.012$; mother: $p < 0.001$).

CONCLUSIONS
Food allergies among preschool children was common. Pork, prawns, shrimp and canned fish were the commonly seen food allergens. The presence of paternal food allergies significantly associated with food allergies among preschool children.

PP 195

DO WHITE CELL COUNT AND C-REACTIVE PROTEIN ONLY RISE IN BACTERIAL INFECTIONS? THE ASSOCIATION BETWEEN FIRST AVAILABLE INFLAMMATORY MARKERS AND CLINICAL DIAGNOSIS OF BACTERIAL AND VIRAL INFECTIONS IN FEBRILE CHILDREN WITHOUT KNOWN FOCUS ADMITTED TO A TERTIARY CARE CHILDREN HOSPITAL

A Tharshiny[1,2], **V Arunath**[2], **A S Modaragama**[1,2], **R C Ediriweera**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*Postgraduate Institute of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

A predictive tool to diagnose bacterial infections in fever is crucial for early diagnosis and treatment in paediatric patients. Currently C-reactive protein (CRP) has been widely used to make distinction between bacterial and viral infections but it has been reported as neither sensitive nor specific enough for bacterial infections.

OBJECTIVES

To describe the relationship between the first available inflammatory markers, white blood cell count (WBC), absolute neutrophil count (ANC) and CRP and the diagnosis of bacterial and viral infections in febrile children without known focus admitted to Lady Ridgeway Hospital (LRH), Colombo.

METHOD

A descriptive cross-sectional study was conducted at medical wards of LRH. Data on all febrile children (1 year to 14 years of age) without known focus on admission were extracted from patient records. Ethical approval was obtained and data was analysed using SPSS.

RESULTS

Data on 384 children were extracted; Mean age was 68.7 ± 43.3 months. First available blood investigations revealed; WBC of >11,000/mm^3 in 163 (42.5%), ANC of >8000/mm^3 in 103 (26.8%) and CRP of >5mg/dL in 255 (66.4%) children. Final diagnosis was bacterial infection in 135 (35.2%) children. Significantly higher proportion (43.2%) of children who had the temperature <100.4 had the final diagnosis of viral infection ($\chi 2$=10.85, p=0.04). Higher proportion of the children (232) without the focus of infection in admission had the diagnosis of viral infection on discharge (p<0.05). Among them, 75 (32%) had WBC of >11,000/mm^3, 34(14%) had ANC of >8000/mm^3 and 131(56.4%) had CRP of >5mg/dL. WBC, ANC and CRP levels were significantly associated with the final diagnosis of bacterial infection (P <0.05).

CONCLUSIONS

Majority of the febrile children had the final diagnosis of viral infection even though significant proportion of them had elevated WBC, ANC and CRP levels. WBC, ANC and CRP levels were significantly associated with the final diagnosis of bacterial infection in our study cohort.

PP 196

CLINICAL AUDIT ON COMPLEMENTARY FEEDING PRACTICES IN INFANTS LESS THAN 12 MONTHS OF AGE

H. P. Madarasinghe[1], **R. Shanmuganathan**[1], **K. K. Karunaratne**[2]
[1]*Post Graduate Institute of Medicine, University of Colombo, Sri Lanka,* [2]*Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION
Complementary feeding is crucial in infants' growth, development, and health. It helps cater to the increase in the demand of a growing child, trains them to eat food with different consistencies and tastes and stimulates feeding skills.

OBJECTIVES
This audit aimed to evaluate current complementary feeding practices in terms of the timing of introduction, types of foods introduced, and feeding frequency, identify existing gaps, and offer recommendations for improving these practices.

METHOD
A cross-sectional, observational study was conducted at Lady Ridgeway Hospital, targeting infants below 12 months of age admitted to the general paediatric ward. Infants with special medical conditions or diagnosed metabolic disorders were excluded. Data were collected using a pre-tested, interviewer-administered questionnaire. The standards were taken from the Sri Lankan Infant and Young Child Feeding (IYCF) guidelines, where 100% of infants were expected to be introduced at 6 months of age, 90% received a variety of complementary foods, and 80% received the recommended frequency of feeds.

RESULTS
Of the 45 participants, 55.6% (n=25) initiated complementary feeding at exactly 6 months, 31.1% (n=14) started before 6 months, and 13.3% (n=6) delayed beyond 6 months. Growth faltering was cited as the main reason for early initiation, while hospital admission delayed initiation. 73.3% (n=33) were exclusively breastfed, with 22.3% (n=10) using formula and 4.4% (n=2) consuming kanji or water before complementary feeding. 60% (n=27) of the participants provided complementary foods that included all food groups, although some expressed concerns about introducing animal products and dairy. 73.3% (n=33) offered three meals daily, and 91.1% (n=41) included snacks.

CONCLUSIONS
There are gaps in complementary feeding practices, which could impact the infants' nutritional status and, hence, overall health and development. Training and awareness efforts are recommended, focusing on timely initiation, diverse food inclusion, and more frequent feeding to ensure optimal feeding practices for infants.

PP 197

HEALTH-RELATED QUALITY OF LIFE AMONG EARLY ADOLESCENTS WITH GERD (GASTROESOPHAGEAL REFLUX DISEASE): A CROSS-SECTIONAL STUDY IN ANURADHAPURA DISTRICT, SRILANKA

M I M Shuja[1], R M I S Rajapaksha[2], L Amarasiri[3], N M Devanarayana[3], S Rajindrajith[4], A M M V Kumari[1]

[1]*Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka,* [2]*Department of Physiology, Faculty of Medicine. University of Colombo, Sri Lanka,* [3]*Department of Physiology, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [4]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

GERD is a common gastrointestinal condition among early adolescents and represents a major health issue, The nature of severe gastric discomfort can profoundly disrupt the daily activities of affected adolescents. Despite its prevalence, research examining the impact of GERD on the quality of life (QoL) of adolescents remains limited.

OBJECTIVES

To assess the prevalence of GERD among adolescents and investigate its effects on their QoL.

METHOD

A cross-sectional survey was conducted among early adolescents aged 13-14 years in six randomly selected schools within the Anuradhapura district of Sri Lanka. The study utilized the validated GERD (GerdQ) questionnaire to determine GERD prevalence, and the validated Pediatric QoL Inventory (PedsQL 4.0 self-report form for teens - Generic Core Scales) to assess QoL. Both questionnaires were self-administered by the participants.

RESULTS

The study comprised 1,127 early adolescents aged 13-14 years (mean age 13.6 years; 505 (44.8%) were male). The prevalence of GERD in this population was 17.1%. Adolescents with GERD had significantly lower total health-related quality of life (HRQoL) scores (75.3 ± 13.2) compared to the adolescents without GERD (82.0 ± 10.8, $p<0.0001$). The mean HRQoL scores for various domains were as follows: physical functioning (78.9 ± 16.9 in GERD vs. 87.9 ± 11.4 in without GERD, $p<0.0001$), emotional functioning (64.9 ± 21.4 vs. 72.7 ± 19.0, $p<0.0001$), social functioning (87.8 ± 12.7 vs. 90.8 ± 10.9, $p<0.0001$), and school functioning (69.8 ± 17.7 vs. 76.6 ± 15.9, $p<0.0001$).

CONCLUSIONS

The prevalence of GERD in this population was 17.1%. This study underscores the substantial impact of GERD on the physical, emotional, social, and academic functioning of early adolescents.

PP 198

FACTORS ASSOCIATED WITH ENDOCRINOPATHY IN TRANSFUSION-DEPENDENT THALASSAEMIA PATIENTS IN SRI LANKA

J Suntharesan[1,2], R M P M Rathnayake[3], M D N Gunaratne[4], K B Jayasekara[5], W D M S Dayananda Bandara[3], L D Premawardhana[6]

[1]*Endocrine Unit, Teaching Hospital Kurunegala, Sri Lanka,* [2]*Department of Paediatric and Adolescents Diabetes and Endocrinology, Sirimavo Bandaranayake Specialized Children's Hospital, Peradeniya, Sri Lanka,* [3]*National Thalassaemia Centre, Kurunegala, Sri Lanka,* [4]*Institute of Applied Statistics Sri Lanka,* [5]*Faculty of Allied Health Sciences, Kotelawala Defence University, Sri Lanka,* [6]*Thyroid Research Group, Cardiff University School of Medicine, Cardiff, CF14 4XN, United Kingdom*

INTRODUCTION

Beta thalassaemia major (BTM) and severe E beta thalassemia (EBT) are transfusion-dependent thalassaemias (TDTs). Tissue iron deposition may cause endocrine dysfunction in TDT.

OBJECTIVES

We studied (i) endocrinopathy prevalence; (ii) serum ferritin; (iii) transfusion frequency; (iv) dose/type of chelation therapy in TDT.

METHOD

We did a retrospective database analysis of subjects with TDT aged 2-18 years. Endocrinopathies were defined using current standard criteria. Summary statistics were compared using appropriate tests.

RESULTS

261 subjects with TDT were eligible for analysis.

(1) 204 (78%) had BTM [median age 11 (IQR, 7,14)] years and 57 (22%) had severe EBT [12 (8,14)] years. The median transfusion frequency was (i) BTM 3 and EBT 4 weeks. Chelation therapy was commenced at median age BTM 3 (2,4) years and EBT 4 (3,6) years ($p < 0.05$).

(2) the prevalence of endocrinopathies was as follows - (i) Short stature 106/213 (49.8%) in children ≥8 years; (ii) Pubertal delay 35/106 (33%) in females >13 years and males >14 year; puberty was initiated in 71 (67%) and later arrested in 6 (n=71); (iii) Primary hypothyroidism 17/261 (6.5%); (iv) hypoparathyroidism 7/261 (2.7%); (v) adrenal insufficiency 2/261 (0.76%); (vi) Diabetes Mellitus 2/261 (0.76%)

(3) (i) median age [14, (11,15) vs. 8, (5,12) years] ($p<0.05$); and (ii) median deferoxamine dosage [35, (30,40) vs. 33 (28, 37) mg/kg/day] ($p<0.003$) were significantly higher in those with, compared to those without endocrinopathy. (iii) However, there was no difference in serum ferritin [1303 (931,1776) vs. 1381 (927,1942) ng/ml]; transfusion volume [4850 (3608, 5703) vs. 4819 (7122, 4227) ml/year]; transfusion frequency; and Deferasirox (oral chelator) dosage ($p>0.05$).

CONCLUSIONS

Short stature and pubertal delay were the commonest endocrine abnormalities in our TDT population. Those with endocrinopathy were older and required higher parenteral chelation therapy. However, there was no difference between serum ferritin, transfusion volume or frequency between the groups.

PP 199

INCREASED PREVALENCE OF GASTROINTESTINAL SYMPTOMS AMONG ADOLESCENTS WITH ASTHMA: A SCHOOL-BASED STUDY

M I M Shuja[1], R M I S Rajapaksha[2], L Amarasiri[3], N M Devanarayana[3], S Rajindrajith[4], A M M V Kumari[1]

[1]*Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka,* [2]*Department of Physiology, Faculty of Medicine. University of Colombo, Sri Lanka,* [3]*Department of Physiology, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [4]*Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Asthma is common among adolescents and is associated with gastrointestinal symptoms. Despite their prevalence, the interaction between these conditions in adolescents is poorly understood.

OBJECTIVES

To assess the prevalence of asthma and its association with gastrointestinal symptoms.

METHOD

A cross-sectional survey was conducted over 1,000 adolescents aged 13-14 years in six randomly selected schools in the largest district of Sri Lanka; Anuradhapura. The validated Internal Study of Asthma and Allergy in Childhood (ISAAC) questionnaire and gastrointestinal symptoms questionnaire were self-administered to assess the prevalence of asthma and gastrointestinal symptoms respectively.

RESULTS

The study population consisted of 1127 school adolescents; 505 boys (44.8%) with mean age of 13.66 years (range 13-14 years, SD of 0.56 years). The prevalence of current asthma was 16.1%. There was a significant association between asthma and gastrointestinal symptoms among adolescents; heartburn (32.0%; OR 2.2, CI 1.5-3.1, $p<0.0001$), upper abdominal pain (26.5%; OR 2.4, CI 1.6-3.5, $p<0.0001$), regurgitation (21.5%; OR 2.7, 95% CI 1.8-4.2, $p<0.0001$), and nausea (19.9%; OR 2.9, CI 1.9-4.5, $p<0.0001$).

CONCLUSIONS

This study shows the significant burden of asthma and its association with gastrointestinal symptoms among adolescents.

PP 200

CLINICODEMOGRAPHIC PROFILE IN CHILDREN WITH ALLERGIC RHINITIS PRESENTING TO COLOMBO NORTH TEACHING HOSPITAL, RAGAMA

Tharindi Suriapperuma[1], **Gihan Gunarathna**[1], **Nadisha Badanasinghe**[2]
[1]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka,*
[2]*Department of Microbiology, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

Allergic rhinitis (AR) is an immunoglobulin E (IgE)-mediated, type 1 hypersensitivity reaction of the nasal mucosa, resulting from allergen exposure in a sensitized individual. AR significantly influences the quality of life and exhibits different phenotypic features with different clinical manifestations.

OBJECTIVES

We aim to describe demographic and clinical manifestations to improve the understanding of AR phenotypes in children.

METHOD

This descriptive cross-sectional study was conducted by enrolling all children with AR who visited the outpatient department of Colombo North Teaching Hospital, Ragama. Data were gathered through an interviewer-administered questionnaire and analysed using SPSS version 25.

RESULTS

Out of 79 patients with AR (59.5% male; mean age 8 year ± 3.5) the most common symptoms observed were sneezing (93.7%), rhinorrhea (82.3%), nasal obstruction (77.2%), and nasal itching (41.8%). Persistent symptoms were reported by 48.1% with 70.9% (56) experiencing severe AR. Notably, 63.3% has asthma and 39.2%, 63.3% and 3.8% of their first-degree relatives reported having asthma, AR and eczema respectively. Key associations identified included fatigue (45.6%), disrupted sleep (50.6%), and difficulties with concentration (36.7%).

Most respondents (94.9%) believed that environmental factors triggered their children's AR. Nasal sprays have been utilized by 64.6%, and 88.6% have been on oral medications; however, 82.3% expressed dissatisfaction with their symptom control. Majority (69.5%) of those over the age of 10 reported experiencing more than four symptoms of AR, with an overall occurrence of 46.8%.

CONCLUSIONS

This study described the phenotypic characteristics of AR in this specified population, aiding in improved pharmacological treatment and symptom management.

PP 201

INFLUENCE OF PARENTAL HEIGHT ON STUNTING IN YOUNG CHILDREN IN THE PLANTATION SECTOR OF SRI LANKA

Guwani Liyanage[1,2], Upul Senarath[3,4], Shreenika D S Weliange[3,4], Yasaswi Walpita[3,4], Kunarathinum Partheepan[4], Indika Siriwardena[4], Jagath Ranasinghe[1,5], Dhammica Rowel[6], Abner Daniel[6], Wasana Bandara[1,7], Heshan Jayaweera[1,8], Pujitha Wickramasinghe [1,9] on behalf of Sri Lanka Child Growth Cohort (SLCGC)

[1]*Sri Lanka College of Paediatricians, Colombo, Sri Lanka,* [2]*Department of Paediatrics, University of Sri Jayewardenepura, Sri Lanka,* [3]*Department of Community Medicine, University of Colombo, Sri Lanka,* [4]*Sri Lanka Office of South Asia Infant Feeding Research Network, Colombo, Sri Lanka,* [5]*Department of Paediatrics, Base Hospital Nuwara Eliya, Sri Lanka,* [6]*UNICEF Sri Lanka,* [7]*Department of Paediatrics, Base Hospital Polonnaruwa, Sri Lanka,* [8]*Department of Paediatrics, University of Peradeniya, , Sri Lanka,* [9]*Department of Paediatrics, University of Colombo, Sri Lanka*

INTRODUCTION

Nutrition is a crucial indicator of a country's development. Children in Sri Lanka's estate (plantation) sector still experience higher rates of stunting compared to other sectors although there has been a decline from 2006 to 2026. For further reduction it is necessary to explore parental factors that have had generational effects.

OBJECTIVES

The aim of this study was to determine the influence of parental heights as predictors of stunting in children, in the estate sector of Sri Lanka.

METHOD

Six hundred and thirty-six term-born and normal birth weight children aged 12-23 months, born during 2022/23 in the state sector (plantations) were studied. Heights and weights of children and their mothers and fathers were measured while other data were obtained by interviewing mother and from health records. Stunting was defined as HAZ<-2.0 according to WHO (2006) growth standards.

RESULTS

Majority of mother were <35 years and belonged to the poorer weight quintiles; 20.8% of offsprings had a birth weight of <2.0kg. Currently, 28.5% of children were stunted, and 12.3% were wasted. The prevalence of stunting was higher among boys, low birth weight, lower gestational age, growth faltering during 4 to 5 months and inadequate dietary diversity at 8 months. Mean maternal heights in stunted and non-stunted children were 150.1cm and 153.1cm, and paternal heights were 163.6cm and 165.8cm, respectively. Multivariate regression analyses revealed maternal height and paternal height as significant predictors of stunting independent of sex, birth weight and age categories.

CONCLUSIONS

Maternal and paternal heights determine linear growth failure in children in estate sector after adjusting for sex, age, birth weight category.

PP 202

EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF PAEDIATRIC PATIENTS WITH CHRONIC URTICARIA/ ANGIOEDEMA AT JOHN RADCLIFFE HOSPITAL, OXFORD

Givani Amarakoon[1], **Tharindi Suriapperuma**[2], **Thisanayagam Umasunthar**[1]
[1]*Oxford University Hospitals NHS Foundation Trust, UK,* [2]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

Chronic urticaria is defined as urticaria with or without angioedema for most of the day during a period of 6 weeks or more. In some children, this process is triggered by specific stimulus. Therefore, it is called chronic inducible urticaria. If no trigger is identified, it is called chronic spontaneous urticaria.

OBJECTIVES

To describe the epidemiology and clinical profile of paediatric patients with chronic urticaria/ angioedema attending the allergy service at John Radcliffe Hospital from January 2023 to June 2023.

METHOD

A retrospective analysis was conducted on 468 paediatric patients who visited within a 6-month period. Data were collected from electronic patient records.

RESULTS

Out of 468 patients, 39 (8.3%) presented with chronic/ episodic urticaria/ angioedema. The mean age was 9.3 years, with a nearly equal gender distribution (20 males, 19 females). Clinically, 22 had chronic spontaneous urticaria, 14 had episodic urticaria, 3 had angioedema only. Nine had chronic inducible urticaria and identified triggers included exercise, cold and heat. Four were suspected to be viral induced. Laboratory findings showed low iron (5), low vitamin D (6), eosinophilia (3), high anti-streptolysin O titre (2), marginally high antinuclear antibodies (3), increased thyroid stimulating hormone (1), and increased thyroid peroxidase antibodies (1). Personal atopy, primarily allergic rhino-conjunctivitis and eczema, were noted in 26 patients. Associated allergies, mainly to tree and grass pollen and nuts, were present in 19 patients. All patients were treated with second-generation antihistamines with higher doses where indicated, except one who required an adrenaline auto-injector for exercise-induced urticaria with breathing difficulties.

CONCLUSIONS

Chronic urticaria and angioedema are prevalent among paediatric patients attending allergy clinics, with significant associations with other allergies and atopic conditions. Management primarily involves second-generation antihistamines in our cohort. Further research is needed to explore long-term outcomes.

PP 203

LATE PRESENTATION OF A CONGENITAL DIAPHRAGMATIC HERNIA WITH GASTRIC VOLVULUS IN AN OLDER CHILD

W S A Deshapriya[1], **H A N C Jayawardhana**[1], **M N A Peiris**[2], **S S C De Silva**[1]
[1]*Pulmonology Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,*
[2]*Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,*

INTRODUCTION

Congenital diaphragmatic hernia is a developmental anomaly, causing protrusion of abdominal contents into the thoracic cavity. It usually gets diagnosed in the antenatal period or in the first month of life. Late presentations vary according to the size of the defect and can give rise to life threatening complications.

CASE REPORT

An 8-year-old boy presented to a local hospital with 5 days of epigastric pain and cough. He had fever and non-bilious vomiting for 3 days. From 3 years of age, he had been treated as gastritis for on and off nausea and abdominal pain. In the antenatal period, he was followed up in a local clinic and his neonatal examination was documented as normal.

He was diagnosed having a pleural effusion during this episode and transferred to a tertiary care hospital. On admission, he was tachypnoeic, tachycardic with clinical evidence of left sided pleural effusion and mediastinal shift to the right side. Chest radiograph showed an air fluid level in left hemithorax with a possible large lung abscess or hydropneumothorax, without typical appearance.

Further evaluation done with contrast computed tomography showed a large defect in the left hemidiaphragm (Bochdalek hernia) with organo-axial gastric volvulus and collapsed left lung. Fluid in the displaced stomach to the chest has given rise to the appearance of an air fluid level in the chest radiograph.

Later, the defect was repaired surgically. Post-operatively, he had prolonged gastroparesis requiring re-laparotomy for adhesiolysis.

DISCUSSION

This case emphasizes the need to consider differential diagnosis of late presentation of congenital diaphragmatic hernia, in an older child with recurrent respiratory manifestations. It highlights the rare occurrence of gastric volvulus presenting as increased respiratory distress and the possibility of delayed diagnosis which may lead to post surgical complications. It further shows the importances of timely investigations and accurate interpretation of basic radiological investigations.

PP 204

STUDY ON SCREEN USAGE IN CHILDREN AGED 6-24 MONTHS

Jithangi Wanigasinghe[1], M D S G Dissanayake[1], D M K H Disanayaka[1], A Dimbulana[1], K S Dharmarathne[1]
[1]*Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION
The increasing use of digital screens among young children has raised concerns about developmental impacts. This is greatest in children under two years of age. This study was conducted in a selected Medical Officer of Health (MOH) area in the North Western province and explores the association between parental knowledge, attitudes, and their child's screen exposure.

OBJECTIVES
The objectives of this study were to determine the extent of screen exposure in children between 6 and 24 months and assess parental knowledge and attitudes toward it.

METHOD
A descriptive cross-sectional study with an analytical component was conducted. Data were collected using an interviewer-administered questionnaire among parents of children aged 6 to 24 months in the Chilaw MOH area. This area was selected for convenience, but was considered to be representative of the semiurban geography. The average screen time per child was determined by recall of screen use in the last 24 hours.

RESULTS
Total number of parents interviewed was 167. Their mean age was 28.6 years (SD 5.5 years). Fifty four percent of children within the selected age group were exposed to digital screens, despite WHO recommendations on zero screen time. Factors significantly associated with increased screen exposure included female gender ($p=0.032$), non-Sinhala ethnicity ($p=0.008$), extended family structure ($p=0.000$), and maternal age below 30 years ($p=0.000$). Conversely, higher levels of parental knowledge about screen usage ($p=0.021$) and more positive attitudes toward screen limitations ($p=0.000$) were linked to low screen time.

CONCLUSIONS
The study demonstrates that a substantial proportion of children aged 6-24 months are being exposed to screen. Key factors that influenced it include ethnicity, family structure, and maternal age. Higher parental knowledge and positive attitudes correlated with lesser use.

PP 205

ASSOCIATION BETWEEN VITAMIN D AND BRONCHIOLITIS IN CHILDREN: A SYSTEMATIC REVIEW

Guwani Liyanage[1], Sharfa Safeer[2], Ashan Athapathu[3], Nimesha Gamhewage[1], Shirani Ranasinghe[4]
[1]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*
[2]*University Hospital, General Sir John Kotelawala Defence University*
[3]*Faculty of Medicine, University of Moratuwa*
[4]*Library, Faculty of Medical Sciences, University of Sri Jayewardenepura*

INTRODUCTION
Studies related to the association between vitamin D levels and bronchiolitis in children have yielded mixed results.

OBJECTIVES
To synthesize and summarize the evidence on occurrence and severity of bronchiolitis in relation to vitamin D levels.

METHOD
A comprehensive literature search via PubMed and SCOPUS was conducted to identify observational studies published before 31st July 2023 on vitamin D levels and bronchiolitis in children under 2 years. The review protocol was registered with PROSPERO (CRD42023397593). English-language observational studies were included. Abstracts and full texts were screened by two independent reviewers, with discrepancies resolved by a third. Methodological quality was assessed using Joanna Briggs Institute tools. Data were extracted using a standardized Excel template, and a narrative synthesis of the findings was performed. Mendeley was used for reference management.

RESULTS
A total of 13 studies (5 cohort and 8 case-control studies) were included in the analysis. All studies were hospital-based. Most studies (six of nine studies) showed an inverse relationship between vitamin D level and the occurrence of bronchiolitis. Three out of six studies showed a positive association between low vitamin D levels and severity of bronchiolitis. However, all studies were hospital-based, potentially excluding milder cases. Heterogeneity in exclusion criteria, laboratory methods, and vitamin D reference values limited comparability, precluding meta-analysis.

CONCLUSIONS
This review suggests a likely inverse association between vitamin D levels and the occurrence of bronchiolitis in children under two. However, the link to disease severity remains inconclusive due to study variability and the exclusion of community-managed cases.

PP 206

EPIDEMIOLOGY, CLINICAL CHARACTERISTICS AND OUTCOMES RELATED TO MULTISYSTEM INFLAMATORY SYNDROME CAUSED BY SARS CoV-2 INFECTION IN CHILDREN: A CASE SERIES FROM TERTIARY CARE HOSPITAL IN SRI LANKA

K C N Kumari[1]
[1]*Sirimawo Bandaranayake Specialized Children's Hospital, Peradeniya, Sri Lanka*

INTRODUCTION
One rare consequence associated with Severe Acute Respiratory Syndrome Coronavirus 2 in children is a Multisystem Inflammatory Syndrome (MIS-C). In Sri Lanka there are reported cases of MIS-C among Covid-19 infected children according to data. But due to the limited number of studies, no research is available related to epidemiology of Sri Lankan children diagnosed as MIS-C. This is a barrier to identifying these patients early before they become a critically ill.

OBJECTIVES
In this study, it was intended to describe the epidemiological link, clinical features and clinical outcomes of children with MIS-C in Sri Lanka.

METHOD
This is a clinical case series study which was retrospectively carried out using consecutive sampling method among 35 children with MIS-C in SBSCH, Peradeniya.

RESULTS
Median age of enrolled cases was 4.6 years while mean weight was 14.19±10.42kg; 71.4 % were within normal BMI range. Majority (85.7%) of studied cases were Sinhalese; 74.3% cases represented low-income social class. Iron deficiency anaemia was the most prevalent comorbidity (22.9%). Study period was from September to December. Children from low income families, residence from rural area and median age 4.6 years were identified epidemiological factors for developing MIS-C. Majority (71.4%) was positive for IgG. Major clinical manifestations were fever ≥24 hours (100%), gastrointestinal symptoms (88.6%), and skin (42.9%). Ear pain (2.9%) and neck pain (11.4 %) were reported as uncommon symptoms to previous study. From total cases 62.9% were admitted to ICU and 86.7% cases needed artificial ventilation. Inotropic supports were administered to 45.7 % cases. Elevated CRP and ESR levels were markedly high with means of 101 ± 88.39mg/L and 62.2 ±24.8mm. Hypokinesia of the heart was the commonest 2D Echo finding among 16 cases with 45.7%. Out of the total cases 16 (45.7%) cases had completely recovered, 37.1% had acute illness recovery with organ dysfunction and 17.1% died. There were 45.7% mild MIS-C cases, 07 (20%) moderate MIS-C cases and 12 cases were categorized as severe MIS-C. There was significant association ($p<0.05$) between residence and clinical severity of the disease.

CONCLUSIONS
Time period between September to December, children from low income families, residence from rural area and median age 4.6 years were identified as epidemiological factors for developing MIS-C.

PP 207

FEEDING HABITS AND ORAL HYGIENE PRACTICES AS DETERMINANTS OF EARLY CHILDHOOD CARIES AMONG CHILDREN ONE TO FIVE YEARS ATTENDING PRE-SCHOOLS IN GALLE, SRI LANKA

M H A D De Silva[1], R P Hewawasam[1], I L A N Darshana[1], L Rasanjula[1], N Abeygunawardana[2], K T R Jayasanka[2]
[1]*Faculty Of Medicine, University of Ruhuna, Galle, Sri Lanka,* [2]*National Hospital Galle, Sri Lanka*

INTRODUCTION
Early childhood caries (ECC), which is defined as one or more decaying, missing (caused by caries), or filled teeth in the primary dentition of children up to six years old, is the occurrence of dental caries in the primary dentition.

OBJECTIVES
To identify the prevalence of ECC and its association with Feeding Habits (FH) and Oral Hygiene practices (OHP) among children one to five years.

METHOD
A cross-sectional study was conducted among 120 children attending selected pre-schools in Galle, Sri Lanka. The sample was selected using stratified random sampling method. FH and OHP were assessed using an interviewer administered questionnaire. All the children were examined by a dental surgeon to identify the presence of ECC

RESULTS
The mean (SD) age of the sample was 2.4 (1.01) years with 56.7% were girls. Majority (86.6%) were exclusively breast fed up to six months while 32.5% breastfed beyond 2 years. Nearly 69% were on formula milk (FM) while 85.5% of them had added sugar into FM. Daily sweet use was widespread (65.0%) and 30.8% had higher (>2tsp) daily sugar consumption. Parental assistance for OHP was seen in 90.0%. Caring for oral hygiene started in 69.2% just after appearing of teeth. Tooth brush with toothpaste was used by 76.7% for brushing while fluoride contained toothpaste was used by 80.0%. ECC was identified in 19.2% of children; decaying (17.5%), missing (1.6%), or filled teeth (7.5%) while 39.2% had plaques. Children breastfed more than 2 years (p=0.025), adding sugar into FM (p=0.011) and having higher daily sugar consumption (p=0.050) were more likely to have ECC while having parental assistance for OHP (p=0.037) was less likely to have ECC.

CONCLUSIONS
ECC was identified in 19.2% of children. Children breastfed more than 2 years, adding sugar into FM and having higher daily sugar consumption were significantly more likely to have ECC while children having parental assistance for OHP were less likely to have ECC.

PP 209

EPIDEMIC PROFILE OF COVID-19 CHILD DEATHS IN SRI LANKA: A RETROSPECTIVE NATIONWIDE ANALYSIS

Kapila Jayaratne[1], Poojani Illangasinghe[1], Suvini Wanniarachchi[2], Dilka Hettiarachchi[2], Chithramalee de Silva[1], Guwani Liyanage[3]
[1]Family Health Bureau, Colombo, Sri Lanka, [2]Colombo South Teaching Hospital, Colombo, Sri Lanka, [3]University of Sri Jayewardenepura, Colombo, Sri Lanka

INTRODUCTION
Understanding the impact of the COVID-19 pandemic on child survival is crucial. Thus, analyzing COVID-19-related child deaths, even years after the pandemic, is critical for informing future pandemic preparedness and response efforts.

OBJECTIVES
The aim is to assess the socio-demography, clinical profile and comorbidities of COVID-19 related child deaths.

METHOD
All "SARS-CoV-2/COVID-19 positive deaths" among children and adolescents (<18 years) recorded through the purposefully designed Child Death Surveillance and Response System (CDSRS) from October 2020 to September 2022 were analysed. Sociodemographic and clinical data were extracted from multiple sources, including bed head tickets, institutional and field investigation records, postmortem reports, and compiled case scenarios. Each death was independently reviewed by a panel of experts and classified as either 'COVID-19 infection contributed' or 'unlikely to have contributed' to the death. Multivariable backward logistic regression identified risk factors associated with deaths attributed to SARS-CoV-2. Additionally, a comparative analysis of sociodemographic characteristics was conducted between deaths due to all causes in the country and those specifically attributed to COVID-19 during this period. The Ethics Review Committee of the Faculty of Medicine, University of Colombo, Sri Lanka, approved the protocol (EC–22–061) on 19.05.2022.

RESULTS
A total of 111 deaths with positive SARS-CoV-2 tests was analysed. Eighty-one deaths (73%) were directly attributed to SARS-CoV-2. Fourteen children (17.2%) had Multisystem Inflammatory Syndrome. Cardiovascular disease was the most common comorbidity (28.4%). Deaths attributed to SARS-CoV-2 were eleven times higher in the presence of chronic diseases to incidental SARS-CoV-2 positive deaths (OR:11.22, 95% CI:1.735, 72.496). Tamil ethnicity was protective compared to the Sinhalese (OR:0.07, 95% CI: 0.008, 0.598). The regression model for risk factors of deaths due to SARS-CoV-2 explained 44.8% of the variance. Additionally, when compared to national all-cause mortality data, females (p=0.03), post-neonatal infants (p<0.001), and >5-18 years (p=0.005) were identified as being at higher risk of death due to SARS-CoV-2.

CONCLUSIONS
Of the 111 deaths 73% were directly attributed to SARS-CoV-2; 17.2% had Multisystem Inflammatory Syndrome. Cardiovascular disease was the most common comorbidity (28.4%). Higher mortality rates were observed among post-neonatal infants, older children (>5 years), females, Sinhalese ethnicity, and chronic medical conditions, particularly cardiovascular disease.

PP 210

MENINGOCOCCAL SEPSIS COMPLICATED WITH TRANSIENT DIABETES INSIPIDUS, BILATERAL SEPTIC ARTHRITIS AND COAGULOPATHY

S L Mohotti[1], D W N M Wimalaguna[1], G A D N B Wimalasena[1], B Y Samarawickrama[1], I Kankananarachchi[2], N D Liyanarachchi[2]
[1]*University Paediatric Unit, National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Meningococcal disease is caused by the gram-negative diplococcus, *N-meningitidis* and is associated with high morbidity and mortality as it can affect multiple organ systems. Diabetes insipidus (DI) following meningococcal meningitis has only been described in a minimal number of cases. Septic arthritis and coagulopathy secondary to meningococcal sepsis are reported in 2-10% and 16% of cases, respectively. Here, we describe a case of meningococcal sepsis complicated with transient DI, bilateral septic arthritis and coagulopathy.

CASE REPORT

A 6-year-old previously heathy boy was admitted with a history of fever, headache, altered behaviour and bilateral lower limb rash for 3 days. He had significant neck stiffness with a positive Kernig's sign and was managed as meningitis. Serum investigations revealed neutrophil leucocytosis (25,000/mm^3, with a neutrophil count of 88%) and elevated C-reactive protein levels (208 mg/dL). A diagnosis of meningococcal septicaemia was made after isolating meningococcal DNA on real-time quantitative polymerase chain reaction (RT-PCR) of his nasopharyngeal aspirate. On day 04 of illness, he developed polyuria with an elevated serum sodium level of 151 mmol/L. His serum osmolarity was 320 mOsm/kg, and urine osmolarity was 271 mOsm/kg. The polyuria persisted and he was started on desmopressin acetate 50ug twice daily and managed as DI. On day 06 of the illness, he developed bilateral knee joint pain and swelling. An ultrasound scan of the knee joints showed bilateral joint effusions with synovial thickening and a few echogenic particles, suggestive of septic arthritis involving both knee joints. In addition, he had an elevated international normalized ratio (INR -1.8) and thrombocytopenia (140,000/mm^3) was managed conservatively as there were no bleeding manifestations.

DISCUSSION

This case provides significant evidence regarding uncommon but well-known complications of meningococcal sepsis. Therefore, healthcare providers should be aware of the rare complications of meningococcal sepsis, as a delayed diagnosis of these complications would lead to poor outcomes.

PP 211

KNOWLEDGE AND EXPERIENCE OF PRIMARY CARE RESPONDERS IN ESTABLISHING PAEDIATRIC TRIAGE SYSTEM IN TEACHING HOSPITAL JAFFNA: A CLINICAL AUDIT

L Srinekethan[1], M G Sathiadas[1], S. Luxsika[1]
[1]Paediatric Professorial Unit, Teaching Hospital Jaffna, Sri Lanka

INTRODUCTION
An efficient paediatric triage system is crucial for timely and effective emergency care. In low-resource settings, the preparedness of primary care responders plays a critical role in early recognition and management of paediatric emergencies. This clinical audit was done to assess the knowledge and experiences on paediatric triage system among primary care responders working in Teaching Hospital Jaffna.

OBJECTIVES
To assess the baseline knowledge and experience of primary care responders regarding paediatric triage, and to evaluate the effectiveness of a focused training workshop in improving their knowledge and readiness.

METHOD
A total of 41 primary care responders from the Accident and Emergency Unit, Outpatient Department, and Paediatric Wards at Teaching Hospital Jaffna was selected through simple random sampling. Knowledge was assessed using a self-administered questionnaire. A 5-hour Advanced Paediatric Life Support (APLS) workshop, incorporating lectures and hands-on practical sessions, was conducted with the support and active participation of senior paediatricians and emergency physicians. Post-workshop assessment was carried out using the same questionnaire among the 29 participants who attended. Scores were graded using the University of Colombo's graduate-level scoring system, and data were analysed using IBM SPSS Version 25.

RESULTS
Before the workshop, 18.6% of participants passed, with 9.8% achieving excellent pass. Post-workshop, 20.7% passed—6.9% with excellent pass and 13.8% with a very good pass. Despite a slight improvement, 79.3% remained below the pass mark.

CONCLUSIONS
The modest improvement in knowledge following a single 5-hour workshop suggests that brief sessions may not be sufficient.

PP 212

A RARE CASE OF CHRONIC NON-BACTERIAL OSTEOMYELITIS MASQUERADING AS BONE CANCER: IMPORTANCE OF MULTIMODAL IMAGING AND BIOPSY FOR DEFINITIVE DIAGNOSIS

S L Mohotti[1], D W N M Wimalaguna[1], G A D N B Wimalasena[1], B Y Samarawickrama[1], J Liyanage[1], A D S De Silva[2]
[1]*University Paediatric Unit, National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka*

INTRODUCTION

Chronic Non-bacterial Osteomyelitis (CNBO), also known as chronic recurrent multifocal osteomyelitis (CRMO), is an autoinflammatory bone disease that is challenging to diagnose. It is a diagnosis of exclusion, often confused with infections and malignancies, such as osteosarcoma. This report presents a case of CNBO in a 9-year-old boy.

CASE REPORT

A previously healthy 9-year-old boy presented with a one-month history of progressively worsening left shoulder pain and reduced range of movements of the left shoulder joint. There was no history of trauma, fever, or constitutional symptoms. Laboratory tests, including complete blood count (CBC) and C-reactive protein (CRP), were normal, but the erythrocyte sedimentation rate (ESR) was elevated at 40 mm/hr. An x-ray of the left shoulder showed a moth-eaten lucency in the proximal humerus, which was interpreted as an aggressive bone lesion. Magnetic resonance imaging (MRI) suggested a malignant bone tumour, likely osteosarcoma. However, computed tomography (CT) scan showed a lytic bone lesion with peri-cortical collections, raising suspicion for osteomyelitis rather than malignancy. A bone biopsy confirmed acute osteomyelitis progressing into chronic osteomyelitis, but bone cultures were negative.

A multidisciplinary team recommended initiating intravenous flucloxacillin and clindamycin for two weeks, followed by oral antibiotics (flucloxacillin and clindamycin) for six weeks. The patient showed significant improvement and, one year after treatment, had fully recovered with no symptoms and normal range of motion in the affected limb.

DISCUSSION

CNBO can present similarly to bone malignancies, such as osteosarcoma, both clinically and radiologically, which can complicate the diagnosis. Early and accurate diagnosis is critical for effective treatment and optimal recovery. Bone biopsy and cultures are crucial for confirming CNBO and guiding appropriate treatment.

PP 213

OUTCOMES OF PAEDIATRIC KIDNEY TRANSPLANT: A SINGLE CENTRE EXPERIENCE

Vindya N Gunasekara[1], Thilini Pathirage[1], Mandika Wijerathne[2], Rizni Cassim[2], Anuja Abayadeera[3], Harshani P Warnakulasooriya[4], Maithili Luxman[1], Champika de Alwis[5], Senaka Weerakoon[5], Chamila Liyanage[5], Dhakshi Jayawickrama[5]

[1]*Paediatric Nephrology Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*Department of Surgery, University of Colombo, Sri Lanka,* [3]*Departmeent of Anaesthesiology, Faculty of Medicine, University of Colombo, Sri Lanka,* [4]*Medical Administration Unit, National Hospital, Sri Lanka, Colombo, Sri Lanka,* [5]*Department of Anaesthesia, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

In resource-poor countries, paediatric kidney transplant (KT) survival rates remain low, and published Sri Lankan data are scarce. The KT programme at Lady Ridgeway Hospital for Children, Colombo (LRHC) is Sri Lanka's second living-related and first disease-donor paediatric programme.

OBJECTIVES

This study aims to analyse the outcomes of the paediatric KT programme of LRHC.

METHOD

Data of all transplant recipients of the paediatric nephrology unit in LRHC from 2016 to 2024 were retrospectively evaluated. All patients received anti-interleukin-2 receptor inhibitors at induction, and mycophenolic acid, tacrolimus, and prednisolone as maintenance treatment.

Outcome parameters included graft and patient survival rates, rejection episodes, and 3-year post-transplant estimated glomerular filtration rates (3YeGFR). Events that occurred within one-year post-KT were classified as "early"; those after as "late". Statistical tests included one-way ANOVA, Chi-square, and Kaplan-Meier analysis. Factors that could have affected the 3YeGFR values were assessed in a linear regression model. p-value <0.05 was considered statistically significant. Permission was obtained from Ethical Review Board, LRHC.

RESULTS

There were 41 children (68% boys; median age 13.4 (IQR 3.4 -17.6) years, median weight 24.3 (IQR 9.8 -55.7) kg, median follow-up 3.1 (IQR 0.02-8.1) years). Graft survival rate was 97.6% (95% CI 92.3 -100), and patient survival rate was also 97.6% (95% CI 90.0-100) at 3 and 5 years. Urinary tract infection was the most common infection, affecting 15%. Early and late rejections were noted in 39% and 17%, respectively. Mean eGFR at 1 month, 3 years, and 5 years post-transplant were 80±25, 54±17, and 55±17 ml/min/1.73m^{2,} respectively. In multiple linear regression, late rejections (β=25: 95% CI:13-38), and donor age (β=15; 95% CI:5-26) significantly predicted the 3YeGFR, F (2,18) =18.133, p=0.005, R^2=0.668.

CONCLUSIONS

The programme's short- and medium-term patient and graft survival rates are commendable at 97.6%. Late onset graft rejection and donor age were independent predictors of 3YeGFR.

PP 214

PERCEPTIONS, PERFORMANCE AND BARRIERS OF FAMILY - CENTERED CARE AMONG NURSES WORKING IN NEONATAL UNITS IN SELECTED TEACHING HOSPITALS IN COLOMBO, SRI LANKA

U D S M Abeyrathna[1], **S M K S Senevirathna**[2]
[1]*University Hospital KDU, Sri Lanka,* [2]*University of Sri Jayawardenepura, Sri Lanka*

INTRODUCTION
"Family-centred care" (FCC) is an approach to planning, delivering, and evaluating healthcare grounded in a partnership among patients, families, and healthcare providers. Utilization of FCC by Sri Lankan nurses has not been explored adequately.

OBJECTIVES
To explore and describe perceptions of family-centred care among nurses working at neonatal units in selected teaching hospitals in Colombo, Sri Lanka.

METHOD
A mixed-methods design was applied. Ten nurses took part in focus group interviews, and 97 nurses responded to self-report questionnaires in two teaching hospitals in Colombo, Sri Lanka with large neonatal units. [Castle Street Hospital for Women (CSHW), Borella, De Soysa Hospital for Women (DSHW)]

RESULTS
Perceptions were rated higher by neonatal nurses (mean score = 4.09) than performance (mean score = 3.77). Perception ratings on the collaboration subscale were lower than participation subscale for the performance. There was no positive correlation between perceptions and performance ($r=0.244$, $p=0.16$). Disturbance to ward rounds, fear of interfering with nurses' work, lack of nursing staff, and the absence of a family-centred care system were obstacles to implementation.

Qualitative data revealed the following three teams for perception of FCC. Providing information and improving skills, involving family in the care, building trusting relationship with family. For the performance, categories are respect for religious beliefs, highly involve mother in care, sometimes collaborating with family, but typically follows medical decision, Share and clarify relevant information. Under barriers of FCC there are nine categories identified; Nurses' workload is heavy, Hospital policies and norms, minimum level of hospital facility, misunderstanding of nurses due to passing question to medical staff, Lack of knowledge, language barrier, insufficient family readiness, insufficient communication between nurses and multidisciplinary team, management follows the physician decision.

CONCLUSIONS
Neonatal nurses may not always apply consciously the family-centred care model in their work, though they had positive perceptions on the practice of FCC. Shortage of staff and workload were the biggest obstacles to the adoption of family-centred care.

PP 215

THE FIRST COHORT OF PAEDIATRIC KIDNEY TRANSPLANT RECIPIENTS WITH HOSTILE BLADDER IN SRI LANKA

Vindya N Gunasekara[1], Thilini Pathirage[1], Mandika Wijerathne[2], Rizni Cassim[2], Anuja Abayadeera[3], Harshani P Warnakulasooriya[4], Maithili Luxman[1], Ananda Lamahewage[5], Neville Perera[6], Malik Samarasinghe[2]

[1]Paediatric Nephrology, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [2]Department of Surgery, University of Colombo, Colombo, Sri Lanka, [3]Departmeent of Anaesthesiology, Faculty of Medicine, University of Colombo, Sri Lanka, [4]Medical Administration, National Hospital Sri Lanka, Colombo, Sri Lanka, [5]Department of Surgery, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [6]Department of Urology, National Hospital Sri Lanka, Colombo, Sri Lanka

INTRODUCTION

Sri Lanka's first bladder training programme was launched at Lady Ridgeway Hospital for Children (LRHC) in 2009. This initiative contributed to preserving renal function in children with hostile bladders and facilitated transplantation in those with end-stage renal failure.

OBJECTIVES

The study compared the outcomes of paediatric kidney transplant recipients (PKTRs) with hostile versus normal bladders

METHOD

Data of 42 PKTRs in the nephrology unit, LRHC (from 2016-2024), were retrospectively analysed. A hostile bladder was defined as a high-pressure, retentive bladder needing clean intermittent catheterization. Post-KT outcome parameters included urinary tract infection (UTI), survival rates, rejection episodes, and estimated glomerular filtration rates (eGFR). Statistical analysis included One-way ANOVA, Chi-square test, Poisson regression, and Kaplan-Meier analysis. A P value of <0.05 was considered significant. Permission was obtained from Ethical Review Board, LRHC.

RESULTS

Eleven children had hostile bladders (Group 1) (median age 13.5 (IQR 4-16); median follow-up 3.1 (IQR 0.01-6.3) years. Primary pathologies included PUV (n=6), neurogenic bladder (n=3), and non-neurogenic neurogenic bladder (n=2). Patients in Group 1 were compared with those having normal voiding (Group 2; n=31). All in Group 1 were boys versus 18/31 in Group 2 ($P < 0.05$). During the first three months post-transplant, UTIs occurred in 5/10 in Group 1 versus 1/30 in Group 2, and UTI rate per patient-year was significantly higher in Group 1 (0.5 versus 0.06) (RR 9.2 (95% CI: 3.6 – 23.3, $p < 0.001$). After three months, only 1 child in each group had UTI (P=0.467). At three years, patient survival in Group 1 was 100% and graft survival was 90.9% (95% CI 73.8 – 108.0%). Survival rates, 3-year eGFR, and rejection rates were similar in both groups.

CONCLUSIONS

Early UTI rates were higher in children with hostile bladders ($p<0.001$); however, medium-term survival outcomes were comparable, indicating promising results for PKTRs with hostile bladders even in low-resource settings.

PP 216

SOURCES OF INFORMATION UTILISED BY PARENTS IN CHILDHOOD POISONING

Shamaali Gunawardana[1], Madushika Dewasurendra[1], Raveen Thennakoon[2], Rukmali Siriwardhana[1], Jithmi Pathirana[1], Kavinda Dayasiri[2]
[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

Poisoning is a common emergency among the paediatric population. Information sources utilized by parents as first contacts is a key determinant for the timely and appropriate management

OBJECTIVES

The study objective was to assess knowledge and preference of parents/guardians on information sources to be utilized in childhood poisoning and their eHealth literacy.

METHOD

This study was conducted among 200 parents/guardians of children admitted to the Professorial-unit, Colombo North Teaching Hospital, using a self-designed questionnaire on information sources and socio-demographics and eHEALS-standard, validated questionnaire to assess eHealth literacy. Data was analysed using SPSS software.

RESULTS

Majority [n=162(81%)] had access to the internet. Mean eHEALs score was 33.7 out of 50 (range11-50) with significant association with education level ($p<0.05$) without impact by ethnicity, religion or monthly income.

Most widely used source was internet (n=136,68%) followed by contact of a family doctor/known doctor (n=115,57.5%) and mass-media (n=109,54.5%). Books, medical magazines and non-medical friends/relatives/neighbours were least referred. Most internet users searched any website, opposed to using specific websites/guidelines/research articles. Only 7%(n=14) were aware of the National Poisons Information Centre (NPIC).

Sources were not satisfactory to 72 (36%) and unreliable to 49 (24.5%) without significant difference between sources. Participants contacting family doctor/known doctor were significantly satisfied and was the most reliable source (n=147,73.5%) vs internet the easiest (n=127,63.5%). Verbal was preferred more than printed/electronic modes (n=107,53.5%) Following actual poisoning, experienced by 36 (18%), contacting a family doctor/known doctor or taking the child directly to the hospital were the most utilized methods.

CONCLUSIONS

Sri-Lankan parents/guardians scored satisfactory eHealth literacy; however, knowledge on existing reliable sources of poisoning such as NPIC was lacking.

PP 217

A CASE OF HARLEQUIN ICHTHYOSIS IN A NEWBORN OF ASIAN DESCENT: CLINICAL PRESENTATION AND MANAGEMENT

V Thadchanamoorthy[1], **M Thirukumar**[2], **R Mathan**[3], **Kavinda Dayasiri**[4]
[1]*Paediatric Unit, Department of Clinical Sciences, Faculty of Health-Care Sciences, Eastern University, Sri Lanka,* [2]*Obstetrics & Gynaecology Unit, Department of Clinical Sciences, Faculty of Health-Care Sciences, Eastern University, Sri Lanka,* [3]*Neonatology Unit, Teaching Hospital Batticaloa, Sri Lanka,* [4]*Department of Paediatrics, University of Kelaniya, Sri Lanka*

INTRODUCTION

Harlequin ichthyosis is a rare genetic disorder caused by mutations in the *ABCA12* gene, leading to thick, rigid skin and impaired barrier function. This results in life-threatening complications, including dehydration and infection risk, particularly in newborns.

CASE REPORT

We present the case of a neonate born to a 40-year-old Asian mother, gravida 2 para 1, whose first child is a healthy 19-year-old. The current pregnancy was achieved following treatment for secondary subfertility, and the parents are consanguineous. The mother received regular antenatal care with appropriate nutritional supplementation; however, a detailed anomaly scan could not be performed due to financial limitations. Basic antenatal screening revealed no significant abnormalities. The pregnancy remained uncomplicated until 35 weeks of gestation, when she underwent an emergency lower segment caesarean section due to fetal distress and premature rupture of membranes. The neonate did not cry at birth and required difficult resuscitation. Clinical examination revealed classical features consistent with Harlequin Ichthyosis. The newborn was admitted to the neonatal intensive care unit and managed supportively, but unfortunately, the infant succumbed within six hours of birth. Due to cannulation difficulties, a blood sample could not be reserved for genetic testing. The parents were thoroughly counselled regarding the diagnosis, poor prognosis, and the importance of genetic counseling in future pregnancies prior to discharge.

DISCUSSION

This case underscores the importance of detailed antenatal screening and genetic counselling in high-risk pregnancies. Harlequin Ichthyosis, though rare, can be identified clinically at birth, and early multidisciplinary support is crucial for management and family counselling.

PP 218

ROBERT SYNDROME: A CASE REPORT

Rasaiah Mathan[1], V Thadchanamoorthy[2], Kavinda Dayasiri[3], Manoshini Chryshanthy Ethiraj[1], C S T Fernando[1], K Aathithya[1], K. Sharmatha[1]
[1]Teaching Hospital Batticaloa, Sri Lanka, [1]Paediatric Unit, Department of Clinical Sciences, Faculty of Health-Care Sciences, Eastern University, Sri Lanka, [3]Department of Paediatrics, University of Kelaniya, Sri Lanka

INTRODUCTION

Roberts Syndrome (RS) is a rare autosomal recessive genetic disorder characterized by craniofacial anomalies, limb malformations, and growth retardation. Fewer than 150 cases have been reported globally. It is associated with mutations in the *ESCO2* gene and often correlates with parental consanguinity. Awareness and prenatal diagnosis remain limited, particularly in low-resource settings.

CASE REPORT

We report a male neonate born at 33+4 weeks of gestation via vaginal delivery, weighing 840g, with a history of intrauterine growth restriction and first-degree parental consanguinity. At birth, he presented with classical dysmorphic features including cleft lip and palate, hypertelorism, phocomelia, contractures, and limb hypoplasia. Cardiac examination revealed a patent ductus arteriosus and a small atrial septal defect. Brain imaging showed hydrocephalus, and renal ultrasound identified a right-sided multicystic kidney. Despite multiple congenital anomalies, the neonate remained haemodynamically stable and was managed with supportive care in the neonatal intensive care unit. He was discharged on day nine of life and demonstrated clinical stability at two months, with appropriate weight gain and developmental responsiveness. Due to limitations in access to cytogenetic testing, diagnosis was made clinically based on phenotypic features.

DISCUSSION

This case highlights the clinical spectrum of RS and underscores the importance of antenatal anomaly detection, especially in consanguineous pregnancies. In low-resource settings, where genetic testing may be unavailable, skilled prenatal ultrasonography and early identification of structural anomalies play a vital role.

PP 219

INFANTILE GIANT CELL HEPATITIS WITH AUTOIMMUNE HAEMOLYTIC ANAEMIA IN A SRI LANKAN INFANT

W S A Deshapriya[1], V Arunath[1], U Sandakelum[1], P Amarathunga[2], C Theverapperuma[1], N Senadheera[1], K P Weerasekara[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*Faculty of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Infantile giant cell hepatitis with autoimmune haemolytic anemia (AIHA) is a rare, progressive disorder in infants. This condition should be considered in any infant developing Coombs-positive anaemia as anaemia usually precedes the hepatitis. The disease is aggressive and may lead to multiorgan failure with fatal prognosis.

CASE REPORT

A three-month-old previously healthy baby girl, presented to the local hospital with 4 days of respiratory illness. On admission, she was found to have severe pallor, icterus and hepatosplenomegaly. Investigations confirmed severe haemolytic anaemia with moderate thrombocytopenia. Direct antiglobulin test was positive with IgG and C3d. Her bone marrow examination did not reveal malignant infiltration. She was managed as Evans syndrome with AIHA and immune mediated thrombocytopenia. She received blood transfusions, intravenous immunoglobulins (IVIG), steroids and was discharged on oral steroids.

She was re-admitted to the local hospital in 10 days with worsening of pallor and transferred to tertiary care hospital for further management.

Further diagnostic workup revealed direct hyperbilirubinaemia, elevated liver transaminases and altered coagulation profile. Ultrasound scan showed hepatosplenomegaly and increased liver echogenicity with normal portal venous doppler. Microbiology and virology investigations were negative. Liver biopsy showed giant cell transformation of hepatocytes with evidence of cholestasis, confirming the evidence of giant cell hepatitis.

Unifying diagnosis of infantile giant cell hepatitis with AIHA was made. She was managed with IVIG, steroids, azathioprine and rituximab along with supportive management for the liver failure. Unfortunately, child succumbed to sepsis at the age of 8 months.

DISCUSSION

This case highlights the diagnostic challenge in a young infant presenting with AIHA. Lack of knowledge about this uncommon condition delays the diagnosis. A comprehensive diagnostic workup and multidisciplinary approach in the management are essential to identify the underlying etiology. Early diagnosis and management may improve the future outcomes in this condition.

PP 220

CAUDAL DUPLICATION SYNDROME; A CASE REPORT

Rasaiah Mathan[1], V Thadchanamoorthy[2], Kavinda Dayasiri[3], Manoshini Chryshanthy Ethiraj[1], C S T Fernando[1], K Aathithya[1], K Sharmatha[1]
[1]Teaching Hospital Batticaloa, Sri Lanka, [1]Paediatric Unit, Department of Clinical Sciences, Faculty of Health-Care Sciences, Eastern University, Sri Lanka, [3]Department of Paediatrics, University of Kelaniya, Sri Lanka

INTRODUCTION

Caudal Duplication Syndrome (CDS) is an exceptionally rare congenital anomaly involving partial or complete duplication of caudal structures, including the gastrointestinal and genitourinary tracts, spinal column, and lower limbs. With fewer than 50 reported cases worldwide, the condition is thought to arise from errors in embryonic development around the fourth week of gestation

CASE REPORT

We report the case of a male neonate born at 37 weeks via elective caesarean section following *in vitro* fertilization, with a birth weight of 2.23 kg. The baby was one of a twin pair; the sibling was morphologically normal. At birth, the infant presented with omphalocele, duplicated genitalia, two gluteal clefts, dual anal openings (one imperforate), and peripheral cyanosis. Imaging studies revealed two bladders, two rectums, duplicated colons and appendices, malrotated bowel loops, and spinal fusion defects. Cardiac findings included a small patent ductus arteriosus and atrial septal defect. The patient underwent exploratory laparotomy, omphalocele repair, adhesiolysis, and defunctioning colostomy. Despite initial clinical stability, the postoperative course was complicated by sepsis, electrolyte imbalances, wound dehiscence, and multiorgan dysfunction. The infant succumbed on postoperative day 29.

DISCUSSION

CDS is a rare but clinically significant condition that requires early recognition, thorough imaging, and staged multidisciplinary management. In resource-limited settings, the lack of antenatal diagnosis and constrained neonatal surgical infrastructure can adversely affect outcomes.

PP 221

HOW MANY OF THEM GO HOME? GESTATION SPECIFIC SURVIVAL RATES OF NEONATES BORN LESS THAN 32 WEEKS IN A TERTIARY NEONATAL CARE CENTRE IN COLOMBO, SRI LANKA: A PRELIMINARY STUDY

D K Igalagamage[1], **M U D Wickramarathne**[1], **M N Lucas**[1,2]
[1]*De Soysa Hospital for Women, Colombo, Sri Lanka,* [2]*Department of Paediatrics, University of Colombo, Sri Lanka*

INTRODUCTION
Gestation specific outcomes of preterm births are increasingly important in the context of antenatal counselling as well as resource allocation. However, local data is sparse.

OBJECTIVES
To describe the gestation specific mortality rates of babies born less than 32 weeks gestation

METHOD
This retrospective study was conducted on all neonates less than a gestational age of 32 complete weeks born at Professorial Unit, De Soysa Hospital for Women (DSHW), Colombo from 01.04.2022 to 01.04.2025. Babies who were transferred out, had undocumented gestational age and those who were not discharged by 05.04.2025 were excluded. Survival was assessed at the time of discharge. Data were extracted from the hospital registers and bed head tickets and was analysed using Microsoft Excel. Permission was obtained from the head of the institution.

RESULTS
Study population included 193 live births <32 weeks of gestation. Mean gestation was 27.5±3.7 (16-31) weeks and mean birth weight was 1017.3 ± 475.4 (180g-2525) g. There were 133 survivals vs 60 deaths. Overall survival was 69%. Survival rate for extreme preterms was 31% (22/72) vs survival of very preterms that was 92% (111/121). There were no survivors (among 38 live births) less than 25 weeks gestation, where 74% (28/38) were below the limit of viability (birthweight <500g) and the rest had a mean birthweight of 552±41 (510-650) g. Gestation specific survival was 40% for 25weeks, 77% for 26weeks, 73% for 27weeks, 72% for 28weeks, 94% for 29weeks, 93% for 30weeks and 98% for 31weeks. The lowest birth weight was 590g and lowest gestation was 25 weeks among the survivors. More than 50% of deaths (33/60) were below the limit of viability.

CONCLUSIONS
Overall survival was more than 90% for babies born from 29-31 weeks gestation, with over 70% survival between 26-28 weeks gestation. Survival at 25 weeks gestation was 40% with no survivors at 24 weeks gestation and below.

PP 222

EFFICACY OF EXTENDED PHOTOTHERAPY IN NEWBORN BABIES NEEDING EXCHANGE TRANSFUSION LEVEL HYPERBILIRUBINAEMIA: A RELIABLE AND TESTED EXPERIENCE ON CURRENT PRACTICE IN DISTRICT GENERAL HOSPITAL NAWALAPITIYA IN SRI LANKA

K G A M Kendawala[1], **S S Kasturiarachchi**[1], **K G N M C K Nawarathna**[1], **A M N S KUMARA**[1], **K A A M Chandrasena**[1], **J C Ranasinghe**[1]
[1]*Premature Baby Unit, District General Hospital Nawalapitiya*

INTRODUCTION

Neonatal jaundice is a frequently encountered condition that typically does not necessitate intervention. In some newborns, jaundice can be a sign of a significant and potentially treatable underlying illness. Markedly elevated bilirubin levels pose a risk of neurological impairment, including bilirubin encephalopathy and kernicterus. The mainstay of treatment is phototherapy. Failing that need to escalate treatment to intravenous immunoglobulin, Anti D and exchange transfusion (ExT) i.e. carries high risk of infection, blood products related complications and hypothermia. Alternatively, can use extensive phototherapy (EPT) provided there is a desirable drop of serum bilirubin levels (0.5mg/dl/hr).

OBJECTIVES AND METHOD

We evaluated 14 babies who need ExT successfully managed to reduce the serum bilirubin to phototherapy level using EPT unit (DISON BL–500D), none required ExT nor reported any neurological deficit. All received maintenance fluid + 20% additional during EPT preceded 10ml/Kg normal saline bolus at the beginning. The bilirubin level was monitored every 4 to 6 hourly and none had rebound hyperbilirubinemia. The standard POA matched NICE Bilirubin charts used to plot data

RESULTS

Mean age was 3.71 (IQR 4.25-11.75 Days). average birth weight 2801g (IQR 2470g – 3270g). Serum bilirubin ranged from 8.12 to 33.39 with a mean value of 19.22. Average time of exposure was 8.58hrs. The POA ranged from 33 to 38+4. There were eight O+ mothers while seven could have ABO incompatibility. Mean hemoglobin level was 17.31g/dl.

CONCLUSIONS

Though exchange transfusion is inevitable in certain circumstances, based on our audit, use of EPT has significantly reduced all risks related to exchange transfusion.

PP 223

MATERNAL AWARENESS ON THE STOOL COLOUR CHART IN THE CHILD HEALTH DEVELOPMENT RECORD

Shamaali Gunawardana[1], **Madhushi Alwis**[1], **Madushika Dewasurendra**[1], **Chamodi Nissanka**[1], **Sachith Mettananda**[1,2]
[1]*Professorial Paediatric Unit, Colombo North Teaching Hospital, Ragama, Sri Lanka,*
[2]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION
Stool colour chart has been introduced into the child health development record (CHDR) in Sri Lanka as a national screening tool for early identification of children with biliary atresia.

OBJECTIVES
To describe the awareness among Sri Lankan mothers of the presence and interpretation of the stool colour chart in the CHDR.

METHOD
This descriptive study was conducted at the professorial paediatric and obstetric units of the Colombo North Teaching Hospital (CNTH). Mothers of newborns ready for discharge were enrolled. An interviewer-administered questionnaire collected sociodemographic details and knowledge about stool colour charts. Data were analysed using Chi square test in SPSS software and $p<0.05$ was considered significant.

RESULTS
A total of 137 mothers were recruited; 67 (48.9%) were aware of the stool colour chart, and 24 (35.8%) had learnt it by themselves. Three abnormal stool colour images were not identified as abnormal by 78 (56.9%), 64 (46.7%) and 65 (47.4%) mothers respectively. Only 36 (26.3%) and 5 (3.6%) knew that stool colour should be inspected daily and for up to 1 month, respectively. 19 (13.9%) mothers stated no intervention is needed if stool colour is abnormal. Parents' occupation, education level, number of children, having extended family members in the household, mode of delivery, and presence or absence of neonatal complications were significantly associated with the level of awareness of stool colour chart ($p<0.05$).

CONCLUSIONS
Mothers' knowledge of stool colour chart is suboptimal. Parents' occupation, education level, number of children, having extended family members in the household, mode of delivery, and presence or absence of neonatal complications were significantly associated with the level of awareness of stool colour chart

PP 224

INFANTILE SANDHOFF DISEASE IN A SRI LANKAN CHILD WITH RECURRENT HOMOZYGOUS *HEXB* VARIANT OF UNCERTAIN SIGNIFICANCE

C K Pathirage[1], M S S Fernando[1], WA N S S Wijesoorya[2], D de Silva[2]
[1]*Lady Ridgway Hospital for Children, Colombo, Sri Lanka,* [2]*Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION

Infantile Sandhoff Disease (iSD) is an autosomal recessive GM2 gangliosidosis due to pathogenic variants of *HEXB*. It typically presents with progressive neurological decline, truncal hypotonia, hyperacusis, developmental delay, regression and seizures. Cherry red spot observed on retina is characteristic while hepatosplenomegaly may be present. The HEXB [MIM:606873] gene is mapped to chromosome 5q13 spanning 35 – 40 Kb containing 14 exons. Eight cases of iSD have been reported from Sri Lanka previously

CASE REPORT

An eighteen-month-old female, with third degree consanguineous parents presented with a history of global developmental delay with regression from 10 months followed by drug-resistant seizures. Hypotonia, coarse facies and bilateral cherry red spots were observed. Non-contrast CT brain revealed bitemporal hypodensities while electroencephalogram was suggestive of epileptiform activity. Clinical exome sequencing identified a homozygous variant of uncertain significance (VUS) in *HEXB* (c.1058_1060del GAG p. Gly353del) causing an in-frame, 3 base pair, exon 8 deletion with loss of a glycine at position 353. It is currently not reported to have clinical significance. This variant was reported from two biochemically confirmed, Sri Lankan iSD patients previously.

DISCUSSION

Despite the identification and documentation in the literature of two iSD cases from Sri Lanka with the same *HEXB* variant reported in this third patient, the c.1058_1060del is yet to be recognized as likely pathogenic / pathogenic. Further in-silico predictions and functional studies would help define this further. It is possible that this variant is more common among the Sri Lankan and possibly the South Asian population. This case reports adds to the phenotyping of patients with this rare variant and stresses the need to clinically evaluate patients with reports of VUS.

PP 225

MYASTHENIC CRISIS IN A CHILD: SUCCESSFUL RECOVERY AFTER EARLY IDENTIFICATION AND INTERVENTION

KTR Jayasanka[1], D S Senevirathne[1], W A A K Wickramasinghe[1], S W K M B Bulankulame[1], M Jayarathne[1], T M Munasinghe[1], P Gamage[2], S Deshapriya[2], U B Liyanage[1]

[1]*National Hospital Galle, Sri Lanka,* [2]*Paediatric Intensive Care Unit, National Hospital Galle, Sri Lanka*

INTRODUCTION

Myasthenia Gravis (MG) is an autoimmune disease in which antibodies damage the structure or function of acetylcholine receptors at the postsynaptic membrane of the neuromuscular junction, leading to fatiguability and varying degrees of muscle weakness. MG is rare in children and typically presents with symptoms such as ptosis, bulbar involvement and limb weakness. A myasthenic crisis may be the initial presentation, and unless promptly recognized and treated, it can be detrimental. Here, we present a case of a child in whom a myasthenic crisis was identified.

CASE REPORT

A 4-year-old previously healthy boy presented to the paediatric ward with bilateral complete ptosis. The child had been born at term, the first-born of a non-consanguineous marriage, with an uneventful antenatal, natal and postnatal period. There was no significant medical illness in the family.

Over the next 48 hours of illness child developed progressive difficulty in swallowing and significant drooling along with difficulty in breathing. This sudden deterioration needed admission to paediatric intensive care unit for invasive ventilatory support.

For initial symptomatic relief child was commenced on pyridostigmine. During the crisis, six cycles of therapeutic plasma exchange (TPE) and intravenous immunoglobulin 2g/kg were used as short-term treatment. After completion of TPE respiratory muscle weakness improved allowing weaning off from ventilatory support. As maintenance therapy, he was started on rituximab while steroids were gradually tapered. Antibodies against acetylcholine receptors were detected. Contrast enhanced computed tomography of chest is planned.

DISCUSSION

Juvenile MG is a rare entity in children and may be considered a possibility in children presenting with fluctuating muscle weakness and fatiguability. The myasthenic crisis should be suspected in a child with such neurological weakness, rapidly worsening to involve bulbar and respiratory muscles. A high degree of suspicion and early initiation of appropriate treatment can be lifesaving.

PP 226

LEOPARD SYNDROME: PRESENTATION OF A RARE CASE

S Lukshiga[1], **G Sathiadas**[1]
[1]*University Paediatric Unit, Teaching Hospital Jaffna, Sri Lanka*

INTRODUCTION

LEOPARD syndrome is a rare autosomal dominant multisystem genetic disorder characterized by multiple lentigines, electrocardiographic conduction abnormalities, ocular hypertelorism, pulmonary stenosis, abnormal genitalia, growth retardation, and deafness. It shares overlapping features with Noonan syndrome but differs primarily in the presence of lentigines and sensorineural deafness. The condition is most frequently associated with mutations in the PTPN11 gene, which disrupt the Ras/MAPK signaling pathway, affecting cell growth and differentiation.

CASE REPORT

We report the case of a nine-year-old boy born to non-consanguineous parents who presented with the progressive development of pigmented macules on his face, neck, and trunk, characteristic of LEOPARD syndrome, beginning at age four. Apart from lentigines, he exhibited growth retardation (height and weight below the 5th percentile), café au lait macules, hypertelorism, low-set ears, a flat nasal bridge, prognathism, and neck webbing. He experienced bilateral sensorineural hearing loss and cognitive impairment and was enrolled in a special education program. The cardiac evaluation revealed hypertrophic cardiomyopathy without conduction abnormalities. No genital anomalies were noted. Notably, the patient's father exhibited similar skin lesions and short stature but did not show cardiac or genital involvement.

DISCUSSION

The patient met the clinical criteria for LEOPARD syndrome with features including lentigines, hypertelorism, growth retardation, and deafness, supported by the presence of hypertrophic cardiomyopathy. LEOPARD syndrome diagnosis is primarily clinical, guided by established criteria, and confirmed with genetic analysis when available. Management requires a multidisciplinary approach targeting cardiac, auditory, and developmental complications. Early recognition facilitates timely intervention and improves prognosis. This case underscores the need for heightened clinical awareness and genetic counseling in families with suggestive features, aiding in early diagnosis and surveillance for systemic involvement.

PP 227

AUDIT OF PAEDIATRIC OUTPATIENT ANTIBIOTIC PRESCRIBING AT BASE HOSPITAL KALUWANCHIKUDY USING WHO INDICATORS IN THE AWARE ERA

V Vijayakanth[1], **V Thadchanamoorthy**[2], **B Devakanthan**[3]

[1]*Paediatric Unit, Base Hospital, Valaichenai, Sri Lanka,* [2]*Paediatric Unit, Faculty of Health Care Sciences, Eastern University, Sri Lanka,* [3]*Microbiology Unit, Teaching Hospital, Batticaloa Sri Lanka*

INTRODUCTION

Inappropriate antibiotic use in paediatrics contributes to antimicrobial resistance (AMR), adverse drug reactions, and increased healthcare costs. Children are especially vulnerable due to frequent infections and empirical prescribing practices. This study assessed antibiotic prescribing patterns among paediatric outpatients at a Sri Lankan focusing on adherence to WHO prescribing indicators and the AWARE classification.

OBJECTIVES

This audit aimed to assess paediatric prescribing trends, identify deviations, and evaluate the use of AWARE-classified antibiotics using selected WHO prescribing indicators.

METHOD

A retrospective audit of computerized records (n=3,832) in July 2024 at Base Hospital, Kaluwanchikudy analysed paediatric outpatient data (n=1,219; 31.81%). Key prescribing patterns were evaluated using WHO prescribing indicators and the AWARE classification.

RESULTS

Antibiotics were ordered in 56.1% (n=684/1219) of paediatric prescriptions. The most common indication was respiratory tract infections (n=486, 71.1%), followed by nonspecific fever (n=62, 9.1%). The most frequently prescribed antibiotics were amoxicillin-clavulanate (n=249, 36.4%) and first-generation cephalosporins (n=221, 32.3%). Of all antibiotic prescriptions, 90% fell under the WHO's "Access" group, appropriate for empiric treatment, while 10% were from the "Watch" group, including agents like azithromycin and ciprofloxacin. On average, children who received antibiotics were prescribed 3.71 medications per prescription.

CONCLUSIONS

This audit found that antibiotics were prescribed to paediatric outpatients at rates exceeding the WHO recommended 30% threshold, indicating possible overuse.

PP 228

LEPTOSPIROSIS IN CHILDREN, AN UNDERDIAGNOSED ZOONOTIC DISEASE IN TROPICAL REGIONS: A CASE SERIES

G N N de Silva[1], **K T Mendis**[1], **A I D Wijerathne**[1]
[1]*Teaching Hospital Kalutara, Sri Lanka*

INTRODUCTION

Leptospirosis, a zoonotic infection frequently encountered in tropical countries like Sri Lanka, is considered to be an illness among adults, due to its association with farming, and is overlooked in children, despite potential serious complications. The disease is caused by human exposure to spirochaetes of Leptospira by way of excreta of infected animals and is easily diagnosed using specific microscopic agglutination test (MAT) and deoxyribonucleic acid (DNA) polymerase chain reaction (PCR), both available in the government sector.

CASE REPORTS

We have reviewed the symptoms, signs and biochemistry of seven microbiologically proven patients with leptospirosis who presented to a teaching hospital in Sri Lanka. Six of these patients had positive MAT and 1 patient was positive for DNA PCR.

All the patients presented with a febrile illness with 5 of them having chills and rigors, but only 3 patients had positive muddy water exposure history. Only 4 patients had typical arthralgia, myalgia, and headache and five had vomiting.

On clinical examination, 6 patients were clinically ill and among them, 5 had typical conjunctival suffusion. Jaundice was not observed in any of the patients. 5 patients had hepatomegaly and among them, 1 had splenomegaly as well and 1 patient had splenomegaly without hepatomegaly. One patient developed circulatory insufficiency - Jarisch-Herxheimer reaction following antimicrobial treatment.

All patients had elevated C-reactive protein (CRP) with 4 patients having CRP above 100mg/L. All the patients had neutrophil predominance in full blood count, but except for 3 patients, all had white blood cell counts within normal range and 5 patients had low platelet counts. Liver functions were normal in all patients and renal functions were elevated only in 2 patients from whom only 1 had marginal low urine output.

DISCUSSION

A febrile illness associated with chills, rigors, conjunctival suffusion, neutrophil predominance, high CRP and thrombocytopenia without evidence of liver or renal involvement should prompt a clinical suspicion of leptospirosis even without an exposure history in children.

PP 229

A CASE OF HEREDITARY ANGIOEDEMA

Jeyanathan Yasothini[1], **Udaya De Silva**[1], **Nikhath Sherin**[1], **W M U I Waisundara**[1]
[1]*Teaching Hospital Anuradhapura, Sri Lanka*

INTRODUCTION

Angioedema is non-pitting oedema that involves subcutaneous and/or submucosal layers of tissues that affect the face, lips, oral cavity, larynx, neck, extremities and /or gut. It becomes life-threatening when it involves larynx. It can be inherited or acquired.

Hereditary angioedema is due to mutation in the gene encoding for C1-inhibitor. It is bradykinin mediated angioedema. It begins in childhood / young adulthood, gets worse at puberty and present as recurrent episode of swelling or abdominal pain. As this is one of the rare conditions, there are only few reported cases in registry.

CASE REPORT

An eight-year-old boy, 2nd born to non-consanguineous parents, presented with recurrent episodes of periorbital and facial swelling following traumatic event without progression of oedema to other parts of the body. He had no urinary symptoms, rashes, respiratory symptoms or gastrointestinal tract symptoms and was diagnosed as angioedema. Furthermore, his father died at 31year old at his working place due to sudden onset body swelling and difficulty in breathing. Examination was unremarkable, other than facial oedema.

On investigation, full blood count was normal, including eosinophil count. Urine full report – No red cells / protein. Urine albumin negative. Urine culture normal. Serum creatinine, blood urea and serum electrolytes were normal. Liver profile was normal including total protein and albumin. Erythrocyte sedimentation rate was normal. C4 level was low. C1 esterase inhibitor level 22mg/dl.

He was started with tranexamic acid long term prophylaxis and we planned for fresh frozen plasma infusion in case of any life-threatening angioedema as C1 inhibitor concentrate is not available in Sri Lanka. He is symptom free with tranexamic acid prophylaxis and developing symptoms if not taking drugs.

DISCUSSION

Even though angioedema is common with allergic reaction, which is histamine mediated, there is a possibility to have a rare condition called hereditary angioedema, which is bradykinin mediated and resistant to standard treatment with glucocorticoids, antihistamine and epinephrine. It needs treatment with C1 inhibitor concentrate / FFP and also C1 inhibitor concentrate / progestins / tranexamic acid / danazol as long-term prophylaxis to avoid life threatening situations.

PP 230

A CASE OF TRISOMY 21 WITH OVERLAPPING MARFANOID FEATURES PRESENTING WITH THYROTOXICOSIS

Upeksha Waisundara[1], **Udaya de Silva**[1], **J Yasothini**[1], **Nikath Sherin**[1]
[1]*Teaching Hospital Anuradhapura, Sri Lanka*

INTRODUCTION

Down syndrome is a chromosomal disorder leading to intellectual disability in children. Marfan syndrome, which has an autosomal dominant pattern of inheritance, is caused by a mutation in fibrillin-1 (FBN-1) gene located on chromosome 15q21.1. Thyrotoxicosis is a state of excess of circulating thyroid hormone in the body. Even though trisomy 21 is commonly associated with hypothyroidism, occurrence of thyrotoxicosis is rare (6.5%).

CASE REPORT

A ten year and six-month-old boy, born to non-consanguineous parents and who was diagnosed as trisomy 21 by karyotyping (47; XY+21) at the age of 1 year, presented with progressive neck swelling and weight loss for a period of two months.

Examination revealed features of trisomy 21like up slanting palpebral fissures, epicanthic folds, flat nasal bridge, low set ears, brachycephaly, saddle gap, intellectual disability and joint hypermobility. He also had a high arched palate, height 143cm (75^{th} centile), arm span to height ratio of 1.049, scoliosis, flat feet, thoracolumbar scoliosis. He was having a goitre with features of thyrotoxicosis like axial proptosis, tachycardia, marginally elevated blood pressure.

Investigations revealed very low thyroid stimulating hormone (TSH) with elevated free thyroxine (FT4) and anti-TPO antibodies. An ultrasound scan revealed chronic thyroiditis. Echo cardiography showed mitral valve prolapse and tricuspid prolapse, with mild left ventricular hypertrophy.

He was started on carbimazole and propranolol and his tachycardia and blood pressure improved.

DISCUSSION

Down syndrome can present with Marfan syndrome where manifestations of both conditions are masked and a few reported cases are found in the literature. Thyrotoxicosis in a patient with co-existing Down syndrome and Marfan syndrome needs close monitoring.

PP 231

A CLINICAL AUDIT ON SOCIO-DEMOGRAPHIC PROFILE, ADHERENCE TO EVIDENCE-BASED TREATMENT AND COMPLICATIONS OF IRON OVERLOAD IN PATIENTS WITH TRANSFUSION DEPENDENT HAEMOLYTIC ANAEMIA AT WARD 29, TEACHING HOSPITAL, BATTICALOA

B Bavanandan[1], **A Ranganathan**[1], **Vamadevan C**[2]
[1]*Teaching Hospital, Batticaloa, Sri Lanka*

INTRODUCTION

Transfusion dependent haemolytic anaemia is a group of chronic diseases that has significant long-lasting impact on the health of many children. Strict adherence to treatment has significant positive impact on quality of life in children with this disorder.

OBJECTIVES

To assess the socio-demographic profile, adherence to evidence-based treatment and complications of iron overload in patients with transfusion dependent hemolytic anemia at ward 29, Teaching hospital, Batticaloa.

METHOD

Above audit was carried out in ward 29, Teaching hospital, Batticaloa from 1st March 2021 to 31st September 2021. The study population comprised all patients with transfusion dependent haemolytic anemia admitted to ward 29, Teaching hospital, Batticaloa during the study period. The study instrument used was a pre-tested structured data collection form. Data collection was done by referring the medical records. Data on adherence to treatment and sociodemographic profile were based on recall by the parent. Data analysis was done on a Excel sheet.

RESULTS

During the study period data were collected from 35 patients. Out of 35, 57.14% are males (male 20, female 15) and 60% are homozygous beta thalassaemia major (Heterozygous E beta thalassemia 22.9% and others 17.1%). Age at time of diagnosis ranged from 3 months to 7 years; 97.1% of patients had their diagnosis confirmed by haemoglobin electrophoresis, high performance liquid chromatography or both tests. Pre-transfusion haemoglobin levels ranged from 6.8 mg/dL to 9.9 mg/dL; 60% of the patients had serum ferritin levels above the potentially cardiotoxic level of 2500 µg/dL.

CONCLUSIONS

Compliance of the patients with the treatment protocol was not satisfactory. Majority of the patients had cardiotoxic levels of serum ferritin.

PP 232

ASSESSMENT OF KNOWLEDGE ON MONITORING PAEDIATRIC PATIENTS ADMITTED TO THE PROFESSORIAL PAEDIATRIC UNIT, TEACHING HOSPITAL JAFFNA

Mahendralingam Vithushajini[1], G Pratheepan[2], M G Sathiadas[3]
[1]*Paediatric Endocrinology Unit, Lady Ridgway Hospital for Children, Colombo, Sri Lanka,* [2]*Emergency Medicine Unit, Teaching Hospital Jaffna, Sri Lanka,* [3]*Department of Paediatrics, Faculty of Medicine, University of Jaffna, Sri Lanka*

INTRODUCTION

Monitoring key vital parameters in paediatric patients upon admission and throughout their hospital stay is essential to maintaining good clinical practice and ensuring early detection of deterioration. Internationally, the Paediatric Early Warning System (PEWS) has been implemented to enhance the quality of care and improve the safety of hospitalized children. However, its effectiveness may be limited by variations in the knowledge, skills, and attentiveness of healthcare providers in recognizing early warning signs and responding promptly.

OBJECTIVES

- To assess healthcare providers' knowledge of PEWS.
- To re-evaluate knowledge after the implementation of the PEWS chart.
- To assess the accuracy of documentation in monitoring paediatric patients.
- To develop a modified PEWS chart for improved future practice.

METHOD

Prospective cohort study.

RESULTS

The knowledge of PEWS chart was assessed using a questionnaire before and after its implementation. In the initial audit, the overall knowledge was 71%, with Intern Medical Officers scoring 80%, Medical Officers 72%, and Nursing Officers 48%. Following the implementation, the re-audit demonstrated an improvement, with overall knowledge increasing to 78%. Intern Medical Officers showed the highest improvement, rising to 93%, while Medical Officers had a slight increase to 73%, and Nursing Officers exhibited significant progress, reaching 83%.

The accuracy of documentation and adherence to key components of PEWS monitoring were also evaluated. The accuracy of documentation was 72%, while the proper recording of vital parameters was lower at 68%. The accuracy of scoring was the highest, reaching 76%. These findings emphasize the need for better adherence to parameter recording while maintaining high standards in documentation and scoring practices.

CONCLUSIONS

The implementation of PEWS has led to an overall improvement in knowledge and documentation accuracy, enhancing the safety and quality of paediatric care.

PP 233

MACROLIDE-RESISTANT *MYCOPLASMA PNEUMONIAE*: A SPECTRUM OF SEVERE AND ATYPICAL PAEDIATRIC PRESENTATIONS

K W D A Anuradha[1], A D C L Wickramarathna[1], J M S Jayathilake[1], S A I K Sudasinghe[1], Nalin Gamaathige[2], Damitha Chandradasa[3], Rasika Gunapala[1]
[1]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [2]De Soysa Hospital for Women, Colombo, Sri Lanka, [3]Teaching Hospital Anuradhapura, Sri Lanka

INTRODUCTION

Mycoplasma pneumoniae is typically associated with mild, self-limiting respiratory illness in school-aged children. However, Macrolide-Resistant Mycoplasma Pneumonia (MRMP) with severe and atypical presentations have been increasingly reported. Such cases have not been previously documented in Sri Lanka.

METHOD

A retrospective chart review was conducted on 11 children hospitalized between May 2024 and May 2025 with community-acquired pneumonia (CAP) due to *M. pneumoniae*, confirmed by high-titre positive IgM who showed poor clinical response to ≥5 days of broad-spectrum antibiotics including macrolide therapy. Patients were managed at Ward 1 of Lady Ridgeway Hospital for Children and at private hospitals in Colombo.

RESULTS

Eleven children (7 males, 4 females; median age 5 years) were included. All presented with respiratory symptoms and received macrolides within three days of illness onset. Lobar consolidations were more common than bronchopneumonia (8/11 children) Eight received intravenous cefotaxime and oral clarithromycin initially. Mycoplasma IgM was performed at a median of day 12 of fever in the government sector and day 3 in the private sector. All had elevated erythrocyte sedimentation rate (median 78 mm; three >100 mm). Six underwent investigations for tuberculosis, all of which were negative.

Multisystem involvement was observed in four children (aged 8–13), including haematuria with acute kidney injury, autoimmune haemolytic anaemia, pericardial effusion, and arthritis. Antinuclear antibody was positive in one of the four tested, with no alternative diagnosis found. Five children developed complications: four with pleural effusions and one with a lung abscess. Quinolones (nine ciprofloxacin, two levofloxacin) were initiated at a median of day 8 of fever. Four children were weaned off oxygen within 48 hours of quinolone therapy, and eight were discharged within four days. All children recovered fully.

CONCLUSIONS

MRMP can present with severe, multisystemic features, even in preschool-aged children.

PP 234

EARLY-ONSET NEONATAL CHIKUNGUNYA: DIAGNOSTIC AND CLINICAL INSIGHTS FROM A CASE REPORT

K C Dissanayake[1], **S M Safa**[1], **E P L J G Lappen**[1], **T M D C Tennakoon**[1], **S Rukshika**[1], **N Gamaathige**[1]
[1]*De Soysa Maternity Hospital for Women, Colombo, Sri Lanka*

INTRODUCTION

Chikungunya virus (CHIKV) is an arthropod-borne RNA virus. Neonatal CHIKV infection is rare and may be congenital or acquired, with vertical transmission risk increasing during the peripartum period. Congenital infection typically presents within the first week with fever, poor feeding, apnoea, encephalopathy, hyperpigmented rash, and limb oedema. Acquired infection presents after 3–7 days with similar features. Diagnosis is confirmed by detecting viral RNA via RT-PCR or through IgM and IgG serology. Neonates with encephalopathy often have poor long-term neurocognitive outcomes. Treatment is mainly supportive.

CASE REPORT

A female neonate was delivered via emergency caesarean section at 36 weeks due to preterm labour with breech presentation (birth weight 2.75 kg). The mother experienced fever and back pain one day before delivery, developing a brownish hyperpigmented nose rash (Chik Sign) postpartum.

The neonate remained well until day 5, when she developed poor sucking, decreased activity and apnoea requiring neonatal intensive care unit admission for non-invasive ventilation. Subtle seizures required intravenous antiepileptics. Cranial ultrasound was unremarkable. Electroencephalogram showed frontal epileptic focus. Investigations revealed elevated C-reactive protein (15 mg/L), thrombocytopenia (nadir 23 × 10^9/L), negative blood cultures, and a viral infection pattern.

By day 9, a macular hyperpigmented rash appeared on the upper chest and face, later generalizing. CHIKV RNA was detected via RT-PCR on day 10, while mother's CHIKV IgM and IgG were negative on day 35. Management included antiepileptics, platelet transfusions, hydration, antibiotics, and physiotherapy. The neonate was discharged on day 28 with exclusive breastfeeding, normal sucking and swallowing coordination, normal septic screen and platelet count, and a long-term neurological follow-up plan.

DISCUSSION

In regions affected by CHIKV epidemics, a high index of suspicion is required to identify neonatal Chikungunya in neonates presenting with convulsions, thrombocytopenia, and apnoea, enabling timely diagnosis and management. Long-term neurodevelopmental follow-up is crucial for the early detection of neurological sequelae.

PP 235

DOWN SYNDROME AND THYROID DYSFUNCTION; A STUDY IN A COHORT OF SRI-LANKAN CHILDREN

Ashangi Madhushinie Weerasinghe[1], Navoda Atapattu[1], Sumudu Seneviratne [1,2], Ruwangi Dissanayake[1,2]
[1]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, [2]Department of Paediatrics, Faculty of Medicine, University of Colombo, Sri Lanka

INTRODUCTION
Thyroid disorder is the commonest endocrine abnormality observed in Down syndrome (DS). Reported prevalence of congenital hypothyroidism varies between 1.3%-10.3%. Commonest thyroid dysfunction in DS is transient mild TSH elevation and it may cause diagnostic confusion.

OBJECTIVES
This study describes thyroid abnormalities in a cohort of Sri Lankan children with DS.

METHOD
Records from the Child Development Clinic at the university unit of Lady Ridgeway hospital (LRH) dedicated to children with DS, were reviewed retrospectively. Prevalence and associations of different thyroid abnormalities were studied.

RESULTS
Among 87 children with DS (Male: Female 1.5:1), 34 (39.0%) had abnormal thyroid function. Seventeen (20%) children were managed as congenital hypothyroidism (CH). Nine (10.5%) participants had transiently abnormal thyroid function tests (TFT). Acquired hypothyroidism was noted in 6 children. Two children (2.29%) had hyperthyroidism.

Out of 17 children who were managed as CH, diagnosis was made within the neonatal period itself by using NBS in 12 (70.5%) children. Mean thyroid stimulating hormone (TSH) at diagnosis was 22.3mIU/l (10.6- 58.6). All 17 children had normal ultrasound scan of thyroid. Average current thyroxine dose in less than 3year old group (n=4) was 2.1 µg/kg/day and in more than 3year old category it was 2.5 µg/kg/day. In transiently elevated TFT, time taken for TFT to normalise ranged between 6 weeks to 8 months.

Among 23 children with hypothyroidism, 17 (70.8%) were managed as CH and 6 (25%) as acquired hypothyroidism. Average age at diagnosis of the latter was 10 years 8 months. Children who were managed as CH and required low dose thyroxine therapy may warrant trial off therapy to detect the subjects with transient thyroid dysfunction.

CONCLUSIONS
In this cohort of 87 children with DS 34 (39.0%) had abnormal thyroid function. Of them 17 had CH, 9 had TFT, 6 had acquired hypothyroidism and 2 had hyperthyroidism.

PP 236

ADOLESCENT WELL-BEING IN SRI LANKA: INSIGHTS FROM RESOURCE-LIMITED SCHOOL SETTINGS (AGES 10–18)

Poojani Illangasinghe[1], **Palitha Karunapema**[2]
[1]*Postgraduate Institute of Medicine, Colombo, Sri Lanka,* [2]*Ministry of Health, Colombo, Sri Lanka*

INTRODUCTION

The well-being of school-aged adolescents plays a vital role in shaping their future health, academic performance, and social development. Psychological well-being is commonly understood through two key frameworks: hedonic well-being, which centres on happiness and life satisfaction, and eudaimonic well-being, which emphasizes meaning, personal growth, and self-actualization. Gaining a clear understanding of these dimensions is essential for fostering resilience, mental health, and overall well-being among adolescents

OBJECTIVES

The aim is to describe the well-being profile of schooling adolescents and assess the well-being difference among male and female adolescents in resource-limited settings in Sri Lanka.

METHOD

In October 2024, from the Kekirawa educational zone, a sample of 378 school-aged adolescents was selected by a stratified sampling technique. The engagement, perseverance, optimism, connectedness, and happiness that contribute to hedonic and eudemonic well-being were measured by using the EPOCH measure. The significance of gender difference in well-being was assessed by using an independent t-test at $p<0.05$. Ethical approval was taken from the ERC-University of Kelaniya under the P/17/02/2024.

RESULTS

The average age of schooling adolescents was 13.65 years (SD=2.9). Females comprised the majority of the sample (58.1%, n=227). Most participants identified as Sinhalese (89.3%, n =349) and practised Buddhism (87.2%, n=341). Mean scores for perseverance, optimism, connectedness, and happiness were all above 4 on a scale of 1 to 5, indicating generally high levels in these domains. In contrast, the average score for engagement was comparatively lower at 3.6. Notably, female adolescents reported significantly greater connectedness than their male counterparts ($p= 0.011$).

CONCLUSIONS

Overall, schooling adolescents in resource-limited settings in Sri Lanka reported good levels of well-being. However, engagement remained relatively low across the group, and male adolescents, in particular, showed lower levels of connectedness.

PP 237

EFFECT OF SCREEN-TIME ON VISUAL FATIGUE AMONG ADOLESCENTS IN SELECTED DISTRICTS OF SRI LANKA

S A C Dalpatadu[1], **D A Liyanapathirana**[2], **K C S Dalpatadu**[3]
[1]*General Sir John Kotelawala Defence University, Ratmalana, Sri Lanka,* [2]*Faculty of Medicine, University of Colombo, Sri Lanka,* [3]*Colombo North Teaching Hospital, Ragama, Sri Lanka*

INTRODUCTION
Digital device use has become increasingly popular among school-going adolescents in Sri Lanka, with the transition towards online learning following the COVID pandemic. This has introduced new health challenges such as visual fatigue/ Computer Vision Syndrome (CVS), due to prolonged screens exposure. The interplay between screen-time and visual fatigue among adolescents will play a huge role in policy and decision making.

OBJECTIVES
To explore the association between screen-time and visual fatigue among adolescents in selected districts of Sri Lanka.

METHOD
This analytical cross-sectional study was carried out on 220 adolescents aged 10-17 years in 4 districts (Colombo, Galle, Kurunegala, Anuradhapura) in Sri Lanka. Schools were selected via multistage stratified cluster sampling. Data was collected online, through a self-administered questionnaire.

RESULTS
The mean age of the sample was 13.13±2.197 years with a female predominance (70.9%). Majority of the children were from national schools (84.5%). Majority of parents had a university education (38.2%). Monthly income was greater than Rs. 100,000 in 53.6% of participants.

Mean weekly total screen time was 12.78 hours, while screen-time at a stretch showed a mean of 1.89 hours. The mean weekly screen-time for online learning and recreational activities were 6.64 and 7.33 hours respectively.

Correlation analysis revealed significant positive associations between visual fatigue (CVS-Q score) and total weekly screen time ($r=0.326$; $p<0.001$), screen time at a stretch ($r= 0.15$; $p <0.001$), weekly screen time for online learning ($r=0.238$; $p=0.001$) and weekly screen time for recreational activities ($r=0.306$; $p<0.001$). Additionally, school year ($F=2.163$; $p=0.039$) and school type ($F=3.799$; $p=0.024$) were significantly associated with higher CVS-Q scores.

CONCLUSIONS
There were significant positive associations between visual fatigue (CVS-Q score) and total weekly screen time, screen time at a stretch, weekly screen time for online learning and weekly screen time for recreational activities. Additionally, school year and school type were significantly associated with higher CVS-Q scores.

PP 238

ASSESSING SCREEN TIME PRACTICES AMONG PAEDIATRIC PATIENTS DURING HOSPITAL STAY AT COLOMBO NORTH TEACHING HOSPITAL: A CLINICAL AUDIT

D P S Govinnage[1], **K K I Sandeepani**[1], **Lakpriya Udabage**[1], **Manel Panapitiya**[1]
[1]*Paediatric Unit, Colombo North Teaching Hospital, Ragama, Sri Lanka*

INTRODUCTION
Screen time is a growing behavioural concern in paediatric healthcare settings. Hospitalized children often experience increased screen exposure as a coping mechanism for boredom, anxiety, and procedural distress. While beneficial in moderation, excessive screen use may negatively impact physical, emotional, and cognitive well-being.

OBJECTIVES
To assess the prevalence, patterns, and perceived effects of screen time among paediatric inpatients, explore alternative engagement options, and evaluate opportunities for optimizing screen time management in a hospital setting.

METHOD
A cross-sectional, questionnaire-based audit was conducted at Ward 10 of Colombo North Teaching Hospital from January 25, 2025, to February 25, 2025. Parents or guardians of admitted children under 14 years were surveyed on their child's screen time duration, reasons for use, perceived benefits, supervision, and preferences for non-screen-based activities. Data were anonymized and analysed descriptively.

RESULTS
Fifty completed responses were analysed. Most children used screens for 2–3 hours per day. Mobile phones were the most commonly accessed device. Entertainment (64%) was the primary reason for use, followed by distraction during procedures (18%). A majority of parents (74%) believed screen time moderately or significantly helped their child cope with hospitalization, with 78% noting anxiety reduction during procedures. Most respondents (96%) supported introducing alternative activities such as art, crafts, and storybooks, while 82% favoured physical activities. Additionally, 86% endorsed future research on long-term effects of hospital screen use.

CONCLUSIONS
Screen time serves as a useful coping tool for hospitalized children. However, parents should manage daily routine in precise way incorporating both digital and non-digital methods.

PP 239

DETERMINANTS OF IRON DEFICIENCY IN INFANTS: A COMMUNITY-BASED CROSS-SECTIONAL STUDY IN THE COLOMBO DISTRICT, SRI LANKA

T K Mapatunage[1], K L M D Seneviwickrama[2], U P K Hettiaratchi[3], K Anusha[4], K Jayaratne[5], G Liyanage[1]

[1]Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Gangodawila, Sri Lanka, [2]Department of Community Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Gangodawila, Sri Lanka, [3]Department of Biochemistry, Faculty of Medical Sciences, University of Sri Jayewardenepura, Gangodawila, Sri Lanka, [4]Department of Basic Sciences, Faculty of Dental Sciences, University of Sri Jayewardenepura, Gangodawila, Sri Lanka, [5]Department of Community Medicine, Faculty of Medicine, University of Colombo, Sri Lanka

INTRODUCTION

Among micronutrient deficiencies, iron deficiency (ID) is a significant public health problem in Sri Lanka, specifically during latter half of infancy. In the Sri Lankan context, there is paucity of data investigating determinants of ID.

OBJECTIVES

To investigate the determinants of ID among 9-12-month-old infants in the Colombo District.

METHOD

A community-based descriptive cross-sectional study involving all divisional secretariats was carried out using stratified random sampling. Serum ferritin concentration <12µg/L was defined as ID (corrected for serum CRP). Feeding was assessed with a 24-hour dietary recall as per World Health Organisation IYCF guidelines. Simple and multivariate logistic regression assessed with selected explanatory variables. Additionally, interaction terms were created to assess effect modifications.

RESULTS

Mean age was 10.5±1.2 months, with 54% males. Mean ferritin level was 23.87± 20.81 µg/L (range:1.50-144.53 µg/L). The prevalence of ID was 30.9%. Most infants consumed egg & flesh foods (75.9%) and legumes & nuts (73.6%), but less green leafy vegetables (10.9%). Half (54%) was on iron supplements including MMN sachets. While 55% of this population received MMN, only three-fourths consumed them. The interaction between consuming egg & flesh food and iron (mediator effect) was highly significant ($p<0.001$). When neither flesh food and eggs nor iron supplements were taken risk of ID increased by 4 times. For each additional month of age, the odds ID increased 1.4 times. Lower income was at higher risk of ID. The final multivariable logistic regression model was statistically significant ($\chi^2=38.62$, $p<0.001$), explaining 23.3% of the variance.

CONCLUSIONS

ID among infants remains a significant public health concern with one-third being deficient in this population. Increasing age, low eggs and flesh food consumption and the absence of iron supplementation were identified as key risk factors for ID.

PP 240

NEONATAL SEPSIS: EARLY IDENTIFICATION AND MANAGEMENT: A QUALITY IMPROVEMENT INITIATIVE IN THE SPECIAL CARE BABY UNIT (SCBU) AT DGH MULLAITIVU, A SECONDARY CARE HOSPITAL IN SRI LANKA

F Ehsan[1], **Antony Jacintha**[1], **S Thudsayini**[1]
[1]*District General Hospital, Mullaitivu, Sri Lanka*

INTRODUCTION

Neonatal sepsis remains a leading cause of morbidity and mortality, particularly in low- and middle-income countries. This Quality Improvement (QI) initiative was conducted in the Special Care Baby Unit (SCBU) of DGH Mullaitivu to assess and enhance early identification and management of neonatal sepsis, following NICE and Sri Lankan neonatal guidelines.

OBJECTIVES

To evaluate compliance with standard sepsis management protocols, including early recognition, timely antibiotic administration, use of a structured screening tool, accuracy of documentation, and parental engagement—ultimately improving clinical outcomes.

METHOD

A retrospective audit was conducted on 24 neonates treated for suspected sepsis between November 2024 and January 2025. Data were collected from bed head tickets, drug charts, and sepsis screening checklists. A structured sepsis screening tool and updated drug chart were introduced in December 2024. Compliance with clinical protocols, outcomes, and laboratory findings were analysed. Ongoing PDSA (Plan-Do-Study-Act) cycles are planned every two months.

RESULTS

Following the sepsis screening tool's introduction, only 12.5% of screening forms were completed by doctors, and 54.2% were not completed by nurses. Despite this, clinical care remained prompt: all neonates were reviewed by PMOs and consultants within 24 hours, and antibiotics were initiated within one hour of the decision in 100% of cases. Blood cultures and initial C-reactive protein (CRP) were taken prior to the first dose, and second CRPs were completed within 18–26 hours in all cases.

Benzylpenicillin and gentamicin were appropriately used in all early-onset cases. No blood cultures were positive, and no lumbar punctures were performed. Drug charts were fully completed but lacked key staff signatures. Parental counselling was documented in all cases, though no sepsis information leaflets were distributed.

CONCLUSIONS

Clinical management of neonatal sepsis was timely and guideline-compliant. However, improvements are needed in screening tool usage, documentation, and parent education.

PP 241

ENHANCING QUALITY AND CONSISTENCY IN NEONATAL CRANIAL ULTRASOUND (CRUSS): A QUALITY IMPROVEMENT INITIATIVE

Antony Jacintha[1], **H Asanka**[1], **G Girish**[1]
[1]*Great Western Hospital, UK*

INTRODUCTION

Cranial ultrasound (CrUSS) is essential in monitoring brain development and detecting complications such as intraventricular haemorrhage and hydrocephalus in preterm infants. Local audits revealed gaps in clinician competency, inconsistent documentation, delays in senior reviews, and insufficient parental communication. The NeoCrUSS Quality Improvement (QI) project was launched to address these issues in a Level II neonatal unit.

OBJECTIVES

1. Achieve 100% compliance with CrUSS documentation standards.
2. Improve clinician confidence and skills in CrUSS performance and interpretation.
3. Enhance the timeliness of senior reviews and parental updates post-scan

METHOD

The QI project was guided by the Model for Improvement and implemented through sequential Plan-Do-Study-Act (PDSA) cycles. Primary drivers included trainee education, timely senior involvement, and cultural change via structured learning. Interventions focused on:

- Standardized documentation using the Green Form and BadgerNet.
- Regular teaching sessions for clinicians.
- Development and dissemination of standard operating procedures (SOPs).

Outcome Measures: Audit of documentation on Green Form and BadgerNet; trainee confidence surveys.
Process Measures: Implementation of teaching sessions, SOP use, and documentation practices.

RESULTS

- BadgerNet documentation improved from 0% to 100%.
- Green Form usage rose from 16% to 50%.
- Trainee confidence in performing scans increased from 62% to 100%.
- Confidence in parental counselling rose from 37% to 83%.
- Timely senior reviews improved from 25% to 75%.
- Parental update documentation improved from 30% to 78%.
- Teaching session participation increased from 33% to eight sessions.

CONCLUSIONS

The NeoCrUSS initiative significantly enhanced clinician competency, documentation, and review timelines.

PP 242

KNOWLEDGE, ATTITUDES, PRACTICES AND ASSOCIATED FACTORS RELATED TO INITIAL MANAGEMENT OF COMMON LIFE-THREATENING PAEDIATRIC MEDICAL EMERGENCIES AMONG SCHOOL TEACHERS EMPLOYED IN DIKOVITA EDUCATIONAL ZONE, SRI LANKA

Upeksha Bandara[1], **Kasun De Soyza**[1], **Minoli Senapathy**[2], **Raveen Thennakoon**[2], **Gayan Gunaratne**[2], **Kavinda Dayasiri**[1,2]
[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*Faculty of Medicine, Ragama, Sri Lanka*

INTRODUCTION
Paediatric emergencies such as asthma, epilepsy, and anaphylaxis are common, and teachers are often the first responders in school settings. Prompt and appropriate initial management is crucial and can be life-saving.

OBJECTIVES
To assess knowledge, attitudes, practices and associated factors related to the initial management of common life-threatening paediatric medical emergencies, among school teachers

METHOD
A cross-sectional descriptive study was conducted among 400 teachers from grades 1 to 11 in the Dikovita Educational Zone, selected through stratified random sampling. Data were collected via a self-administered online questionnaire and analysed using IBM SPSS Statistics 22.0. Categorical variables were summarized using means and standard deviations, and associations were assessed with the Chi-square test. Ethical approval was obtained from the Ethics Review Committee of the Postgraduate Institute of Medicine (ERC/PGIM/2023/058).

RESULTS
Knowledge of identifying and initially managing seizures, asthma, allergies, and basic life support was satisfactory, with over 50% of teachers scoring above 50%. However, more than 70% had not managed pediatric emergencies in school settings, over 90% lacked cardio-pulmonary resuscitation training, and a similar proportion reported low confidence in using medical equipment (inhalers, epinephrine auto-injectors, defibrillators). Nearly all recognized the importance of emergency preparedness in schools and were willing to attend training. Knowledge levels showed no significant association with age or gender but positively correlated with teaching experience and employment in private schools.

CONCLUSIONS
Teachers demonstrated satisfactory knowledge but limited practical experience and confidence in managing paediatric emergencies.

PP 243

TWO ATYPICAL PRESENTATIONS OF ACUTE RHEUMATIC FEVER: A CASE SERIES

L U S Senavirathne[1], D Hapuarachchi[1], G Geethaswari[1], R A S Wijesinghe[1], W D V Thilakaratne[1], M S T Guruge[2], A Piyatissa[1], C P Gunaweera[1], K N T Perera[1]
[1]*Colombo South Teaching Hospital, Sri Lanka,* [2]*University of Sri Jayawardenepura, Sri Lanka*

INTRODUCTION

Acute rheumatic fever (ARF) is an immune-mediated multi-system inflammatory condition secondary to Group A Streptococcal infection. While small joint involvement and hip joint involvement is considered uncommon, this case series illustrates two atypical cases of polyarthritis involving the small joints and hip joints, with initially negative/borderline streptococcal serology.

CASE REPORTS

Case 1: A 7-year-old boy presented with intermittent fever for 4 days and sore throat followed by pain and swelling of multiple joints including bilateral knees, ankles, wrists and small joints of hands. He later developed left sided hip joint pain and limited movements which were held in a flexed, abducted and externally rotated posture. His knees and metacarpophalangeal joints of both hands were swollen and tender. His inflammatory markers were elevated. Ultrasound scan demonstrated effusions in both knees and left hip joint. Anti Streptolysin O Titre (ASOT) was negative (50.4 IU/ml). Despite atypical joint involvement, persistent symptoms raised the suspicion of ARF. Echocardiogram excluded carditis. Repeat ASOT after two weeks rose to 688 IU/ml confirming ARF. Anti-inflammatory doses of aspirin led to rapid improvement of joint symptoms.

Case 2: A 13-year-old girl presented with two weeks history of intermittent fever and polyarthritis involving bilateral knees, ankles and hips. On admission, interphalangeal joints of right foot were inflamed. Inflammatory markers were elevated with borderline ASOT (200 IU/ml). Repeat ASOT after two weeks rose to 630 IU/ml. Echocardiogram revealed rheumatic carditis with aortic and mitral valve involvement. Child was started on naproxen and joint symptoms were rapidly responded.

Penicillin prophylaxis and cardiology follow up were arranged for both patients.

DISCUSSION

This case series highlights the diagnostic challenges of rheumatic fever with atypical joint involvement and initially negative/borderline streptococcal serology, reinforcing the need for high index of clinical suspicion.

PP 244

IMPROVING EQUIPMENT QUALITY IN TROLLEYS FOR PERIPHERAL VENOUS ACCESS PROCEDURES IN THE CHILDREN'S WARD, PAEDIATRIC ASSESSMENT UNIT, AND POSTNATAL WARD

Antony Jacintha[1], **P Hannah**[1]
[1]*Great Western Hospital, UK*

INTRODUCTION

Peripheral venous access procedures, such as cannulation and blood sampling, are routine but vital in paediatric and postnatal care. Delays due to disorganised or incomplete equipment trolleys can compromise patient safety and increase distress. A baseline audit revealed inconsistency and poor preparedness of trolleys across the Children's Ward, Paediatric Assessment Unit (PAU), and Postnatal Ward.

OBJECTIVES

To improve the availability, organisation, and readiness of equipment trolleys for peripheral venous access procedures across three clinical areas using a structured quality improvement (QI) approach over a six-week period.

METHOD

Using the Plan-Do-Study-Act (PDSA) framework, the project targeted standardisation, staff engagement, and routine monitoring. Key interventions included:

- A unified laminated checklist affixed to each trolley
- Visual layout diagrams for intuitive restocking
- Weekly audits conducted by designated staff
- A "last checked" log to ensure accountability
- Regular updates during staff handovers
- Educational posters promoting best practices

RESULTS

Over six weeks, trolley readiness improved from a baseline of 58% to 95%. Staff reported greater confidence and reduced time delays when initiating procedures. Clinical workflow efficiency was notably enhanced during peak times. Positive qualitative feedback highlighted the practicality of checklists and visual aids in maintaining organization and readiness.

CONCLUSIONS

This QI project significantly improved the functionality and reliability of equipment trolleys, enhancing procedural efficiency and patient care quality. A culture of accountability was fostered through staff involvement and routine checks.

PP 245

DECOMPRESSIVE CRANIECTOMY IN A 4-YEAR-OLD BOY FOLLOWING LEFT HEMISPHERIC STROKE: CRITICAL INTERVENTION FOR MALIGNANT CEREBRAL OEDEMA

K C S Dalpatadu[1], S Kamalatheepan[2], N M D N K Navarathne[3], Stravinsky Perera[4], S A C Dalpatadu[5]

[1]*Colombo North Teaching Hospital, Sri Lanka,* [2]*Teaching Hospital Anuradhapura, Sri Lanka,* [3]*Faculty of Medicine, University of Colombo, Sri Lanka,* [4]*Ministry of Health, Sri Lanka,* [5]*General Sir John Kotelawala Defence University, Sri Lanka.*

INTRODUCTION

Malignant middle cerebral artery (MCA) infarction is rare in children (1.3%), yet potentially fatal. Therefore, early recognition is critical as timely decompressive surgery significantly improves survival and neurological outcomes in paediatric patients.

CASE REPORT

We report a case of a previously healthy 4-year-old child who developed malignant left MCA infarction with severe cerebral oedema following bronchopneumonia. Child was initially treated with intravenous ceftriaxone for pneumonia. At 1 week of illness, the child developed prolonged right side focal motor seizure and reduced level of consciousness (GCS score 11/15).

Neurological examination revealed right third and seventh cranial nerve palsies, hemiplegia and bilaterally reactive pupils of 2mm. CT scan of the brain showed a large left MCA infarct with mild oedema.

Post-seizure, the child developed acute respiratory distress syndrome (ARDS) with worsening bilateral chest infiltrates on chest X-ray necessitating intubation ventilation and transfer to paediatric intensive care unit (PICU). In the PICU, high ventilator settings and neuroprotective measures were implemented. On day 3 at PICU, further clinical deterioration was noted, with bilaterally non-reactive pupils of 2mm and a repeat CT brain revealed midline shift, impending uncal herniation and a new right parietal infarct. Emergency decompressive hemicraniectomy and durotomy were performed.

Postoperatively, the child was managed with sedation and meticulous neuroprotection methods. By day four, imaging showed reversal of midline shift and improved oedema. ARDS resolved and he was extubated by day 6 following improved GCS. Despite intensive neurorehabilitation significant neurological deficits persisted including hemiplegia, dysphagia, and speech delay. However, at discharge, he could sit independently but required ongoing neurorehabilitation due to long term impairments.

DISCUSSION

This case underscores the importance of decompressive hemicraniectomy as a critical intervention in paediatric malignant cerebral oedema secondary to ischaemic stroke. Early and timely supportive medical and surgical intervention remain crucial to improving neurological outcomes and survival.

PP 246

A RARE CASE OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) SPINAL SUBDURAL ABSCESS IN A HEALTHY NEONATE

T Mannapperuma[1], **D N Alwis**[1], **A A R N M S Rathnayake**[1], **S T Kudagammana**[2]
[1]*Paediatric Professorial Unit, Teaching Hospital Peradeniya, Sri Lanka,* [2]*Faculty of Medicine, University of Peradeniya, Sri Lanka*

INTRODUCTION

Central nervous system infection is a significant cause of morbidity and mortality in neonates. We report an extremely rare case of spontaneous spinal subdural abscess in a neonate without spinal dysraphism.

CASE REPORT

A 13-day-old second born neonate presented with high fever, grunting and reduced activity for two days. She was born at term via spontaneous vaginal delivery, with no significant antenatal or birth history. There was no family history of immunodeficiency and HIV serology of the mother was negative. On examination, the baby appeared active but with a temperature of 102.0F. Rest of the examination was normal.

Laboratory tests revealed neutrophilic leukocytosis (WBC 28,000/mm^3) and C-reactive protein (CRP) of 56.7mg/L. Lumbar puncture which was done as part of septic screen showed thick pus which later yielded MRSA. A peri-spinal collection was suspected and magnetic resonance imaging (MRI) scan was performed. It revealed a posterior subdural abscess extending from T10 to L5, with a thickness of 2.3mm without cerebral involvement.

Neurosurgical opinion was sought and they did not recommend surgical intervention. Antibiotic therapy was initiated with Vancomycin and Cefotaxime. CRP decreased to 18.3mg/L after five days. Vancomycin was continued for 28 days and Cefotaxime for 14 days. Disease progression was monitored by weekly ultrasound scans and at 4 weeks the repeat MRI showed complete resolution.

She was discharged on day 42, with no clinical concerns. The infant showed appropriate developmental milestones and growth on follow-up visits until 6 months.

DISCUSSION

This case highlights the importance of considering a subdural abscess in a febrile neonate. Medical management of neonatal subdural abscess without surgical intervention may be appropriate with early diagnosis and targeted antibiotic therapy.

PP 247

A CASE OF COMPLETE RECOVERY FROM QUADRIPLEGIA DUE TO CERVICAL SPINE TUBERCULOSIS: ACHIEVED THROUGH ANTI-TUBERCULOSIS THERAPY AND MULTIDISCIPLINARY SUPPORT DESPITE DIAGNOSTIC DILEMMAS

S A I K Sudasinghe[1], **C K Anandalal**[1], **J Wanigasinghe**[1], **D Rasnayake**[2], **K W D A Anuradha**[1]

[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*National Hospital for Respiratory Diseases, Sri Lanka*

INTRODUCTION

Spinal tuberculosis, though relatively rare, can lead to devastating neurological sequelae due to vertebral destruction and spinal cord compression. Timely initiation of anti-tuberculosis therapy (ATT) and supportive care is critical to prevent long-term disability. We present a case of an adolescent girl who made a complete recovery from quadriplegia secondary to cervical spine tuberculosis, despite significant diagnostic dilemmas.

CASE REPORT

A 14-year-old previously well girl presented with a six-month history of progressive posterior neck pain radiating to both upper limbs, resulting in significant functional impairment. Initial magnetic resonance imaging (MRI) revealed cervical kyphosis, narrowing of the C4/C5 intervertebral disc, C5 vertebral body destruction, a large inflammatory mass in the ventral epidural space (C3–C5) and a prevertebral abscess.

Empirical ATT was initiated at a local hospital based on a high erythrocyte sedimentation rate (ESR) and a strongly positive Mantoux test (23 mm). Due to the absence of microbiological confirmation, further evaluation was conducted. A computed tomography (CT) scan revealed multiple intrathoracic and intra-abdominal lymphadenopathies.

The patient was referred to the oncology team to exclude lymphoma, who subsequently involved thoracic surgeons for lymph node and lung biopsies. During this process, ATT was temporarily interrupted, and spinal stabilization was disrupted, worsening the paraplegia.

The patient was transferred to our unit by the thoracic surgeons for further management, presenting with quadriplegia with more prominent lower limb involvement. Repeat imaging showed no drainable abscess. Histology of the lymph node biopsy revealed non-caseating epithelioid granulomas with no evidence of malignancy. Based on clinical and radiological findings, ATT was re-initiated with optimized dosing, corticosteroids, pain control, and spinal stabilization. The patient achieved complete clinical and radiological recovery by the end of one year.

DISCUSSION

This case highlights the diagnostic challenges of cervical spinal tuberculosis and emphasizes the importance of imaging in resource-limited settings. It underscores the critical role of early, sustained intervention and multidisciplinary care in achieving successful outcomes.

PP 248

AN EXPLORATION OF THE RESTRICTED REPETITIVE BEHAVIOURS, THEIR ASSOCIATIONS AND CONSEQUENCES IN CHILDREN WITH AUTISM SPECTRUM DISORDER: A STUDY FROM KURUNEGALA DISTRICT, SRI LANKA

K C S Dalpatadu[1], S A C Dalpatadu[2], R W D U Rajapaksha[3]
[1]*Teaching Hospital Kurunegala, Sri Lanka,* [2]*Faculty of Medicine, General Sir John Kotelawala Defence University, Sri Lanka,* [3]*Faculty of Medicine, University of Colombo, Sri Lanka,*

INTRODUCTION
Autism Spectrum Disorder (ASD) is diagnosed with impairment in social interactions and communication along with the presence of restricted repetitive behaviours (RRB). These stereotypies can have a significant impact on quality of the life of both the affected children and caregivers.

OBJECTIVES
To identify the associations and consequences of restricted repetitive behaviours in children with ASD in a cohort of children in Kurunegala, Sri Lanka.

METHOD
A descriptive cross-sectional study was carried out over 6 months at Teaching Hospital Kurunegala. Children who were diagnosed with ASD and aged between 2-18 years were included.

Assessment of RRBs was conducted using validated tools, which provided a scoring system as well as for autism severity. Attention and quality of life were assessed using Moss Attention Rating Scale (MARS) and Paediatric quality of life inventory (PedSQL) tools.

Statistical analysis was performed using SPSS-25, tests for associations via t-test, ANOVA, and Pearson's Chi-squared, with significance set at $p< 0.05$.

RESULTS
Study included 59 children with a mean age of 7.9 years and majority were males (72.9%). Mean PedSQL score was 64.55. MARS had a mean score of 58.88. No significant association was found between RRB and quality of life. There was a significant correlation between attention and parental perceptions ($p=0.024$). Physical and social functioning were correlated significantly with a p value of 0.011.

CONCLUSIONS
Restricted repetitive behaviours in children with ASD were not significantly associated with the quality of life. There was a significant correlation between attention and parental perceptions. Physical and social functioning correlated significantly.

PP 249

QUANTITATIVE ANALYSIS OF PAEDIATRIC WARD ADMISSIONS IN A TERTIARY CARE SETTING

T M Ruwanthi Perera[1], **H D S U Rodrigo**[2]
[1]*Department of Paediatrics, University of Sri Jayewardenepura, Sri Lanka,* [2]*Colombo South Teaching Hospital, Sri Lanka*

INTRODUCTION

Admissions are a vital component in any healthcare setting. Understanding admission trends is crucial for allocating resources efficiently and improving patient outcomes. Numerous factors influence admission trends.

OBJECTIVES

This audit identified sources, indications, nature and context of the admissions, and potential areas for improvement.

METHOD

Retrospective review of Bed Head Tickets (BHTs) of patients admitted to Professorial Paediatric Unit of the Colombo South Teaching Hospital during November 2024, which receives admissions through several channels, including the outpatients and Accident & Emergency (A&E) as well as direct referrals from various sources and internal transfers. Elective admissions occur throughout the week, whereas the acute happens only during casualty days which fall on two days a week and on every third weekend. Key information including sociodemographic facts, indications, date, time and mode of admission and other relevant details during hospital stay were extracted from the BHTs.

RESULTS

Out of 179 admissions, Accident & Emergency (A&E) was the commonest source accounting for 78.2% of cases. The majority of admissions (49.7%) occurred between 8am and 4pm, of children aged 1-5 years (39.1%) with the commonest presenting complaint of fever (41.9%).

The majority of admissions were one-day (45.4%), with less than 10% staying longer than three days and 1.1% longer than a week. The day shift had the largest volume (n=89), with more patients staying longer. Patients admitted during night shifts had less than 5 days. 69% of admissions staying less than 24 hours were admitted out of working hours. A&E admissions dominated all durations of stay and OPD, VP requests were typically brief.

CONCLUSIONS

This audit highlights the need for effective resource planning and focused interventions especially in peak hours in A& E setting to limit unnecessary admissions to paediatric wards which will optimize inpatient care in resource limited settings with socioeconomical benefits of our patients.

PP 250

NEW AIMS OF IMPROVING HEALTH LITERACY: SHOULD THE DEVELOPMENT OF PATIENT INFORMATION FACTSHEETS BE ADOPTED AS A NATIONAL POLICY? AUDIT REPORT ON PAEDIATRIC DISCHARGE COMMUNICATION AND PARENTAL UNDERSTANDING

B M A N B Bogahapitiya[1], **C M B Herath**[1], **W A N Wanigasekara**[1]
[1]*Ward 26C, Teaching Hospital, Rathnapura, Sri Lanka*

INTRODUCTION

Effective discharge communication is essential to ensure that caregivers understand their child's post-discharge needs, can identify warning signs, and know when and where to seek further care.

OBJECTIVES

To evaluate parental understanding of discharge instructions and identify areas for improvement.

METHOD

This audit was conducted in the paediatric ward over a two-week period. To minimise bias, data collection was carried out exclusively by medical students.

RESULTS

A total of 30 caregivers participated. The majority were mothers (24/30; 80%), with three fathers (3/10; 10%) and three guardians (2/10; 10%). Children's ages varied, and hospital stays ranged from under 24 hours (9/30; 30%) to over 3 days (9/30; 30%), with the most common stay being 1–3 days (12/30; 40%).

Discharge instructions were provided mainly by doctors (9/10; 90%), with only three respondents (3/30; 10%) reporting that both a doctor and nurse gave instructions. Most caregivers received verbal-only information (21/30; 70%), while 9/30 (30%) received both verbal and written guidance. No one received written-only instructions.

Awareness of red flag symptoms was high, with 27/30 (90%) identifying high fever as a concern. Other common responses included feeding refusal (15/30; 50%), drowsiness, breathing difficulty, and vomiting (each identified by 21/30; 70%).

Confidence levels were fair; 12/30 (40%) felt very confident in recognising serious symptoms, and 18/30 (60%) were somewhat confident. Only 6/30 (20%) received written materials.

Parental suggestions for improvement included clearer verbal explanations (24/30; 80%), more written information (18/30; 60%), and visual aids (15/30; 50%).

CONCLUSIONS

Although overall satisfaction was high (27/30; 90%), the audit revealed a need for more consistent written discharge materials and clearer communication.

PP 251

IMPACT OF ONLINE LEARNING ON ACADEMIC STRESS AMONG ADOLESCENTS IN SELECTED DISTRICTS OF SRI LANKA

S A C Dalpatadu[1], N M D N K Navarathne[2], D A Liyanapathirana[2], K C S Dalpatadu[3]
[1]*General Sir John Kotelawala Defence University, Sri Lanka,* [2]*Faculty of Medicine, University of Colombo, Sri Lanka,* [3]*Colombo North Teaching Hospital*

INTRODUCTION
The growing integration of online learning presents significant challenges for adolescents, contributing to academic stress. This study examines the interplay between educational demands and the digital usage patterns of both students and their parents.

OBJECTIVES
To investigate the association between academic stress and online learning, among adolescents in selected districts of Sri Lanka.

METHOD
A cross-sectional study was conducted among adolescents in four selected districts (Colombo, Galle, Anuradhapura, and Kurunegala). Independent sample t-tests, ANOVA, Pearson correlation, and linear regression were employed to analyse associated factors.

RESULTS
Out of 220 adolescents (70.9% female; mean age 13), the majority were from national schools (84.5%) and middle-income households (53.6%). Most parents had university educational attainment (38.5%). Device access for online learning was high (93.2%), with students commonly using multiple devices. On average, students spend 6.6 hours per week on online learning and 7.33 hours on recreational screen use, totalling 12.7 hours of weekly reported screen time. Parental screen use was primarily work-related, with fathers (67.9%) reporting higher daily screen time than mothers (48.8%).

The mean perceived academic stress score was 45.85 (SD=11.52), indicating a moderate stress level. A significant moderate positive correlation was observed between recreational screen time and academic stress ($r=0.215$, $p=0.002$), as well as total weekly screen time ($r=0.191$, $p=0.006$), indicating that greater cumulative screen exposure is modestly associated with increased perceived academic stress. However, perceived academic stress showed no significant associations with screen time for online learning, type of device used by students, sociodemographic factors or parental education. Parental digital behaviour also showed no significant correlation with students' stress levels.

CONCLUSIONS
Perceived academic stress was moderately high among adolescents, with increased recreational and total screen time showing a modest association. No significant relationships were found with socio-demographic factors or parental digital usage patterns.

PP 252

QUALITY OF MANIPULATED ORAL DOSAGE FORM

B Y Waidyarathna[1], H M D R Herath[1], A Nadeshkumar[1]
[1]*Department of Pharmacy and Pharmaceutical Sciences, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION

Children face many challenges when using oral dosage form rationally. Lack of age-appropriate dosage forms and lack of suitable strength of medicines had let to manipulation of adult dosage form. Manipulation of dosage forms can lead to failure of already proven quality and bioavailability of the adult dosage form.

OBJECTIVES

To assess the quality of differently manipulated oral dosage form of a furosemide tablet.

METHOD

A detailed literature search of the commonly manipulated oral dosage forms and oral medicines was done. Based on the results of the literature search, furosemide tablets were selected for the study. A list of all registered furosemide tablets in Sri Lanka during the month of September 2023 was obtained from the National Medicines Regulatory Authority's (NMRA) website. Products in the list were purchased from private pharmacies (Brand A, B, and C). The tablets were split into halves, quarters and one eighth by hand, knife and by tablet cutter. The quality parameters of the resulting split tablets; diameter and thickness, uniformity of mass, disintegration, assay and dissolution profiles were evaluated. All the tests were followed according to the British Pharmacopoeia (BP)-2016 specification. Drug release in milk formula and sweet orange juice also investigated and test was adopted from BP specifications.

RESULTS

According to the detailed literature search, tablet splitting was the most common method for manipulation of medicine. Among them, splitting by hand, knife and a tablet cutter were common. The results of physical assessment of tested tablets brands showed no sign of defects. The fragments from each brand did not comply with the weight variation test except half tablets split by hand for brand A and C. Significance difference ($p = 0.999$) was determined between splitting method and weight of split parts for brand C. Accuracy of weight of one eighth tablets were less for all splitting techniques. Though assay tests for whole tablets passed the specifications, all split fragments failed from the assay. Disintegration test for whole tablets and split tablets met the BP standards. Dissolution test for fragments did not comply with the standards. There was no significance difference between manipulation method for half tablets ($p = 0.151$) and brands, between quarter tablets ($p= 0.428$) and brands, between one eighth tablets ($p= 0.493$) and brands. Dissolution for tablets with milk and orange juice as medium also showed no significance ($p = 0.154$) between medium and brand.

CONCLUSIONS

Almost all tablet fragments had not met acceptance limits of BP in terms of uniformity of mass, content uniformity and dissolution of furosemide. Dissolution profile in sweet orange juice and milk was not acceptable. Differently manipulation furosemide tablet resulted quality failure indicating inappropriateness of tablet manipulation.

PP 253

EXAM RELATED STRESS AND ITS ASSOCIATION WITH PRIMARY HEADACHES AMONG GRADE FIVE CHILDREN IN SRI LANKA

K C S Dalpatadu[1], **L T D S Amaratunga**[2], **SAC Dalpatadu**[3]
[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*District General Hospital, Chilaw, Sri Lanka,* [3]*General Sir John Kotelawala Defence University, Ratmalana, Sri Lanka*

INTRODUCTION
The Sri Lankan Grade 5 Scholarship Examination has grown incredibly competitive over the past two decades. Most children preparing for this exam are subject to undue stress which may manifest as depression, anxiety as well as an array of somatic symptoms, particularly headaches.

OBJECTIVES
To determine the occurrence of primary headaches and levels of depression, anxiety and stress among Grade 5 students of Government schools and International schools.

METHOD
An analytical cross-sectional study was conducted on 359 grade 5 children of Government and International schools in the Kurunegala district, using stratified sampling. Paediatric Migraine Disability Assessment (PedMIDAS) scale and Depression, Anxiety and Stress Scale (DASS-21) were used to assess the negative effect of headaches and psychological distress, respectively.

RESULTS
Primary headaches were seen in 23.2% and 22.6% of Government school students and International school students, respectively; 98.6% of Government school students reported that their headaches were moderate to severe in pain intensity while only 83.3% of International school students reported the same. Government school students scored a mean PedMIDAS score of 10.34 whereas International school students scored a mean of 6.92; however, this was not a significant difference. There was no difference between the overall levels of depression ($p>0.05$), anxiety ($p>0.05$) and stress ($p>0.05$) between the two cohorts. There was no association between gender and the occurrence of headaches ($p>0.05$) as well as in levels of depression ($p>0.05$), anxiety ($p>0.05$) and stress ($p>0.05$), in either type of school. There was a significant association between attendance to extra classes for Grade 5 Scholarship Exam and levels of depression ($p=0.04$) and anxiety ($p=0.03$) in Government school students.

CONCLUSIONS
There were no statistically significant differences between the overall levels of depression, anxiety and stress between the grade 5 children of Government and International schools in the Kurunegala district.

PP 254

INHERITED IMBALANCE: TWO SIBLINGS WITH DISTINCT TRANSLOCATIONS FROM A SINGLE CARRIER MOTHER

K C S Dalpatadu[1], **L T D S Amaratunga**[2], **SAC Dalpatadu**[3]
[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*District General Hospital, Chilaw, Sri Lanka,* [3]*General Sir John Kotelawala Defence University, Ratmalana, Sri Lanka*

INTRODUCTION

Translocations are the most common structural chromosomal abnormalities, with balanced and unbalanced forms found in adults and children, respectively. Translocations involving chromosomes 2, 3, and 6 are rare. This case focuses on a phenotypically normal mother with balanced translocations and her dysmorphic children with unbalanced translocations.

CASE REPORT

The children, from a non-consanguineous marriage, have a maternal family history of dysmorphism. The firstborn male was delivered at term via elective caesarean section, while his sister was born at term, vaginally four years later. Both had uneventful antenatal periods and no notable dysmorphism at birth but were treated for neonatal meningitis. Developmental milestones were significantly delayed.

Dysmorphic features emerged with age, especially in the son, who had hypertelorism, a triangular face, broad nose, microcephaly, epicanthic folds, low-set ears, hypospadias, and prognathism. His sister shared hypertelorism, broad nose, and microcephaly, with syndactyly as an additional feature.

Genetic analysis revealed a normal paternal karyotype while the mother carried two balanced translocations: one between chromosomes 2 and 3, and another between chromosomes 2 and 6. All chromosomes of the son shared a derivative chromosome 2 with partial trisomy 3q and monosomy 2p. The daughter's karyotype had a translocation between chromosomes 2 and 3 and a derivative chromosome 6, leading to partial trisomy 2q and monosomy 6q.

Strikingly, both siblings had refractory epilepsy. The son required hearing aids, while the daughter had mild sensorineural deafness and left-sided inferior oblique palsy. Basal ganglia calcification was a common finding in both. Despite these challenges, both siblings perform independently and have good social skills.

DISCUSSION

This rare case highlights the role of balanced translocation carriers in producing dysmorphic offspring. Long-term follow-up is essential for holistic management of developmental defects and other associated ailments, for an improved quality of life.

PP 255

ALTHOUGH THE UNIT HAD A LOWER RATE OF BLOOD CULTURE CONTAMINATION, THERE WERE STILL SHORTCOMINGS NOTED IN ADHERENCE TO SLANDERED PRACTICES: REPORT ON AUDIT ON PAEDIATRIC INTRAVENOUS CANNULATION BUNDLE PRACTICE

B M A N B Bogahapitiya[1], C M B Herath[1], J A A Shakya[1], I M K C Ramyanath[1], W G M Wathukara[1], T N G T D Wijethunga[1], B G C M Jayarathna[1]
[1]*Ward 26C, Teaching Hospital, Rathnapura, Sri Lanka*

INTRODUCTION

Intravenous (IV) cannulation is a fundamental procedure in paediatric care, where safe technique and a child-friendly approach are equally important. Despite recent improvements in outcomes—particularly a notable reduction in blood culture contamination rates, informal observations within the unit revealed that certain deficiencies in cannulation practices persisted.

OBJECTIVES

To evaluate current standards, identify gaps, and understand whether practice changes may have contributed to the improved microbiological results.

METHOD

A structured audit was conducted over a one-month period, from 18th March to 17th April in Ward 26C, Teaching Hospital Rathnapura and reviewed 24 paediatric cannulations.

RESULTS

The age range of patients varied from 7 months to 13 years, with the majority of cannulations performed for administering medications. The unit demonstrated excellent compliance with aseptic protocols—hand hygiene, glove use, skin antisepsis, appropriate cannula selection, and saline flushing were consistently observed in 100% (24/24) of cases. Additionally, cannulas were appropriately secured and removed using aseptic technique, with no immediate complications reported (0/24).

The audit also revealed critical shortcomings. Informed consent was obtained in only 41.7% (10/24) of cases, and contraindication assessment was performed in just 8.3% (2/24). Pain management strategies were used in only 4.2% (1/24). Only 8.3% (2/24) of procedures were properly documented in the medical records. Cannulation was successful on the first attempt in 79.2% (19/24) of cases.

CONCLUSIONS

While the unit's strong aseptic practices may be linked to the reduced contamination rates, there are clear areas in need of improvement.

PP 256

MATERNAL KNOWLEDGE AND ATTITUDES REGARDING BREASTFEEDING IN A DISASTER-PRONE AREA OF COLOMBO DISTRICT

H D S U Rodrigo[1], **Himali Herath**[1]
[1]*Ministry of Health, Colombo, Sri Lanka*

INTRODUCTION
Breastfeeding is the safest way to protect infants and young children from illness and death during disasters. However, disasters pose challenges to breastfeeding. Understanding mothers' knowledge and attitudes in disaster-prone areas is essential to develop effective interventions and guidelines to ensure children's health and well-being during such times.

OBJECTIVES
This study aimed to assess the knowledge and attitudes on breastfeeding among mothers of children under 2-years in Gothatuwa MOH area, a disaster-prone area of Colombo district.

METHOD
A cross-sectional descriptive study was conducted in the Gothatuwa MOH area involving 240 mothers of children under-2-years. Using cluster sampling technique, study participants were selected from child welfare clinics in three clinic centres situated in flood-prone areas. Data were collected using an interviewer-administered questionnaire. Descriptive statistics were used to describe the study population and knowledge and, attitudes on breastfeeding. A knowledge score was calculated and "good knowledge" was categorized based on a 50% cut-off. Attitudes towards breastfeeding were measured using a 5-point Likert scale. A total attitude score of more than 32 out of 40, indicated "favourable" attitude towards breastfeeding.

RESULTS
Mean age of participants was 28.7 (SD = 5.09) years and 93% were still breastfeeding. Majority (79.2%) were housewives and 98.8% had received post-primary education. Knowledge questions revealed varying awareness levels, with average knowledge on breastfeeding recommendations and poor knowledge on benefits of breastfeeding to the mother and on factors that hinder breastfeeding. Based on the total breastfeeding score, 42.1% had "good knowledge". Considering the overall attitude score, 58% (n=139) had an unfavourable attitude towards breastfeeding; 46% (n=111) had been exposed to a previous disaster and 96% (n=107) of them, breastfed their babies during the disaster.

CONCLUSIONS
More than half of the participants had "poor" knowledge and "unfavourable" attitudes towards breastfeeding.

PP 257

THE IMPACT OF BOTULINUM A TOXIN ON GAIT KINEMATICS AND FUNCTIONAL PERFORMANCE IN AMBULATORY CHILDREN WITH CEREBRAL PALSY

Z M F Z Safinaz[1], W P N Fernando[1], S A S R Siriwardana[2], D V Vipulaguna[1,3]
[1]*Ayati National Centre for Children with Disabilities, Colombo North Teaching Hospital, Ragama, Western Province, Sri Lanka,* [2]*Department of Anatomy, Faculty of Medicine, University of Kelaniya, Ragama, Western Province, Sri Lanka,* [3]*Regional Director of Health Services, Gampaha, Western Province, Sri Lanka*

INTRODUCTION

Cerebral Palsy (CP) is a group of neurological disorders that affect movement and posture, often resulting in impaired gait. Botulinum toxin type A (BoNT-A) has been widely used in the management of hypertonia in CP, with potential effects on gait kinematics. Hypertonia is a key clinical manifestation of CP, impacting motor learning hence functional skills and participation.

OBJECTIVES

This study aims to evaluate the effects of BoNT-A on the gait kinematics of children with CP, focusing on improvements in overall gait patterns and on functional performance in ambulatory children with CP using specific outcome measures.

METHOD

A Retrospective cross-sectional study was carried out using medical records of children diagnosed with CP, GMFCS level I-III who received BoNT-A for hypertonia, between July 2022 to July 2024 at Ayati, National Center for Children with Disabilities, Ragama. Details of pre and 6-month post, BoNT-A assessments were included in analysis. Data was analysed using SPSS v22.

RESULTS

Data from 31 children were analysed. The sample included 19 males; mean age was 5.071±2.007 years; 16.1% (N=5) were in GMFCS level I. The average injection dose of BoNT-A was 17.567±5.416 U/kg body weight (1-Unit Botulinum toxin by Allergan PLC). A paired-sample t-test was conducted to compare pre-and-post Edinburgh Visual Gait (EVG) Scale Scores. There was statistically significant improvement in gait following the intervention, with mean EVG scores decreasing from 27.06±9.753 to 23.97±9.181 ($p=0.004$).

A paired t-test indicated a significant improvement in Canadian Occupational Performance Measure (COPM) Performance scores post-BoNT-A (5.8616±1.68468) compared to pre- BoNT-A treatment (3.6139±1.78733), $p<0.001$). Similarly, satisfaction scores significantly increased (5.9565±1.96328) compared to pre-treatment (3.8348±2.01970), $p<0.001$).

CONCLUSIONS

Preliminary findings indicate improvements on gait kinematics and functional skills following BoNT-A intervention in ambulatory children with CP.

PP 258

PULMONARY TUBERCULOSIS PRESENTING AS CROUP IN A 6-MONTH-OLD INFANT: A CASE REPORT

K D J M K Galahitiyawa[1], **K K Karunaratne**[2]
[1]*Paediatric Unit, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Pulmonary tuberculosis (TB) in infancy is uncommon, particularly in immunized children with no known contact history. The presentation can often be atypical, sometimes resembling common viral illnesses. Croup, typically a viral upper airway condition, rarely serves as a manifestation of TB. This case highlights the diagnostic challenge posed by TB presenting as croup in a young infant.

CASE REPORT

A 6-month-old male infant, the first twin of a twin pregnancy and third-born to healthy, non-consanguineous parents, presented with a 4 day history of cough and cold, and 1 day history of stridor and respiratory distress. There was no fever, poor feeding, weight loss, or TB contact history. Past history included low birth weight, prior hospitalization for lower respiratory tract infection at 5 months of age.

On examination, the child was afebrile, with growth faltering and no dysmorphic features. He had severe respiratory distress with stridor and reduced air entry on the left. Abdominal exam revealed hepatosplenomegaly. Other systemic examinations were unremarkable.

Investigations showed lymphocytic leucocytosis, microcytic hypochromic anaemia, mild thrombocytosis, elevated erythrocyte sedimentation rate (41 mm/hour), and negative C-reactive protein. Chest X-ray revealed a “doughnut sign” indicating pericarinal lymphadenopathy. Echocardiogram showed hyperechogenic masses posterior to the left atrium. CECT of the neck, chest, and abdomen revealed necrotic lymphadenopathy and pulmonary parenchymal involvement suggestive of primary TB. GeneXpert on sputum was positive for *Mycobacterium tuberculosis.* Mantoux and acid-fast bacilli (AFB) smear were negative. Cerebrospinal fluid and other systemic assessments were normal.

A multidisciplinary team initiated anti-TB treatment and symptomatic care. Contact tracing was completed. The child is now clinically stable.

DISCUSSION

This case underscores the need to consider TB in infants with atypical or prolonged croup-like symptoms. Early imaging and molecular diagnostics are key to timely diagnosis and treatment in such unusual presentations.

PP 259

LUMBO-COSTO-VERTEBRAL SYNDROME IN A NEWBORN WITH LUMBAR HERNIA AND DIASTEMATOMYELIA

Shamaali Gunawardana[1], **Nilushi Hewawasam**[2], **Mathula Hettiarachchi**[3], **Krishna Pradeep Sinnarajah**[4], **Pathum Dissanayake**[4]

[1]*Neonatal Intensive Care Unit, Teaching Hospital Peradeniya, Sri Lanka,* [2]*Department of Radiology, Teaching Hospital Peradeniya, Sri Lanka,* [3]*Department of Surgery, Teaching Hospital Peradeniya, Sri Lanka,* [4]*Department of Paediatrics, University of Peradeniya, Sri Lanka*

INTRODUCTION

Lumbo-costo-vertebral syndrome is an extremely rare congenital disorder involving congenital abnormalities of ribs, vertebrae and trunk muscles. First described in 1972, it results from a transient anoxic event between 3rd - 5th week of embryogenesis affecting somatic development of sclerotomes and myotomes. Diastematomyelia, myelomeningocoele, renal and diaphragm abnormalities and talipes equinovarus are reported associated abnormalities.

CASE REPORT

A term baby boy, born to non-consanguineous parents, with a birth weight of 2.2kg, was found to have a 10x8cm lump on the left lateral abdominal wall which increased with crying. The lump was soft and reducible. An ultrasound scan (USS) of abdomen and x-ray confirmed bowel loops and small part of the spleen within the protrusion. A thinned-out external oblique muscle was overlying it and posteriorly the defect extended up to paravertebral muscles. Hemivertebrae were noted at T8-T10 level and 8th, 10th,12th ribs were absent.

A sacral pit was noted with underlying sinus tract at the coccyx level, and spinal cord tethering with short segment partial diastematomyelia were discovered on ultrasound scan of the spine. Lower limb neurology and anal tone were normal. A possible bifid left kidney with no duplex system was noted. Ostium secundum atrial septal defect and mild right pulmonary artery stenosis were noted on 2D echocardiogram. USS of brain showed shallow sulci and paucity of gyri for gestational age. No facial dysmorphism was detected. As the child tolerated feeds well, surgical reduction was planned to be carried out electively

DISCUSSION

Congenital lumbar hernia is rare and when associated with other abnormalities, lumbo-costo-vertebral syndrome is considered. Associated anomalies should be screened for, especially involving the spinal cord, which also forms between 3rd-5th weeks of embryogenesis. A clear genetic association or maternal risk factors have not been identified.

PP 260

INDIRECT HYPERBILIRUBINAEMIA IN A NEONATE BORN TO A BOMBAY O BLOOD GROUPED MOTHER: A CASE REPORT

W A C M S WIJERATHNE[1], A J R O SMITH[1], K A N MENIKE[1], K R C P KEKULAWALA[1] D KURUPPU[2]

[1]*Neonatology Unit, National Hospital, Kandy, Sri Lanka,* [2]*Blood Bank, National Hospital, Kandy, Sri Lanka*

INTRODUCTION

The Bombay blood phenotype (Oh) represents an exceptionally rare variant where individuals lack the H antigen and produce anti-H, anti-A, and anti-B antibodies regardless of ABO status. When mothers with this phenotype deliver infants with conventional blood types, maternal antibodies can cross the placenta, potentially triggering severe haemolytic disease. We report a case of significant indirect hyperbilirubinaemia in a neonate born to a mother with Bombay phenotype.

CASE REPORT

A 29-year-old mother delivered a 2.785kg baby boy as her third baby at 35+ 6 weeks of gestation. Mother's blood group is detected as Bombay O in this pregnancy. It was an uncomplicated pregnancy. Within 24 hours of life, the neonate developed rapidly progressive jaundice involving the whole body with indirect hyperbilirubinaemia which exceeds the level of exchange transfusion without evidence of hepatosplenomegaly.

Laboratory evaluation confirmed the infant's blood type as O Rh D positive with a negative direct antiglobulin test. Haematologic studies showed a haemoglobin of 11.6g/dL, reticulocytosis (15%), and spherocytosis on peripheral smear. Though total bilirubin on day one was above exchange transfusion level, as Bombay O blood was not available at the initial stage to exchange transfuse the baby, he was treated with triple phototherapy and intravenous (IV) immunoglobulin. Later, the baby was transfused with Bombay O blood to correct anaemia. Following intervention, bilirubin levels stabilized with subsequent gradual decline, allowing discharge on day 7.

DISCUSSION

This case highlights the complex management of neonatal hyperbilirubinaemia associated with the rare Bombay phenotype. The presence of multiple maternal antibodies created a severe haemolytic picture beyond typical ABO incompatibility. Clinicians should consider atypical blood group incompatibilities when jaundice progresses rapidly within the first 24 hours of life. Early recognition, intensive phototherapy, IV Immunoglobulin and timely exchange transfusion are crucial in preventing kernicterus. Prenatal identification of rare blood phenotypes should trigger appropriate planning to optimize neonatal outcomes.

PP 261

EVALUATING THE IMPACT OF FOOD ALLERGIES ON ATOPIC DERMATITIS AMONG PEDIATRIC PATIENTS AT AN ALLERGY CLINIC IN SRI LANKA

Inoka Sepali Aberathna[1], **Thushali Ranasinghe**[1], **Harshani Chathurangika**[1] **Jeewantha Jayamali**[1], **Neelika Malavige**[1], **Chandima Jeewandara**[1]
[1]*Allergy Immunology and Cell Biology Unit, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION
Atopic dermatitis (AD) is a common chronic skin condition in children, often linked to food allergies.

OBJECTIVES
This study explores the relationship between food allergies and AD severity in Sri Lankan children.

METHOD
A descriptive cross-sectional study was conducted from 2022 to 2024 at our clinic in 54 children aged 6 months to 18 years with clinically diagnosed AD. Data on demographic information, clinical history, was recorded through an interviewer administered questionnaire. SCORAD index was used to assess the AD severity. Food allergy assessment was conducted through skin prick tests and specific IgE testing. Additionally, children and their parents completed food allergy related quality of life questionnaires (FAQOL) according to child's age. Statistical analysis was performed to evaluate the correlation between food allergies and AD severity.

RESULTS
The median age of the cohort was 8 years and 28/54 children were males. 33/54 (61.1%) of the children with AD had at least one food allergy. The commonly prevalent food allergies were cow's milk (38.9%), egg (24.1%), mammalian meat (18.2%), lentil (16.7%), coconut milk (12%), sea food (9.3%) and chickpea (9.3%); 40% of children had severe AD (>12 value in the SCORAD scale). The mean age of AD onset was 2 years. A significant positive correlation was observed between the presence of food allergy and AD severity ($p < 0.001$). Children with both AD and food allergies demonstrated higher SCORAD scores compared to those with AD alone ($p < 0.01$). Having food allergies were associated with poor QoL in both children and their parents (mean QoL 5.4 vs 3.2, $p<0.001$).

CONCLUSIONS
These findings show that food allergies significantly worsen disease severity and quality of life in Sri Lankan children with AD.

PP 263

A RARE CASE OF TYPE 1B ABERNETHY MALFORMATION WITH PULMONARY ARTERIOVENOUS MALFORMATIONS: DIAGNOSTIC AND MANAGEMENT CHALLENGES

B Y Samarawickrama[1], U K Jayantha[1], C M P Fernando[2], H S Gajaweera[1], D W N M Wimalaguna[1], S L Mohotti[1], G A N D B Wimalasena[1], N A C W Nissanka[2], H G H Udara[1]

[1]*University Pediatric Unit, National Hospital Galle, Sri Lanka,* [2]*University Pediatric Unit, Colombo North Teaching Hospital Ragama, Sri Lanka*

INTRODUCTION

Abernethy malformation is a rare congenital condition where portal blood is diverted directly to the systemic circulation bypassing the liver. This could be a complete bypass of portal blood flow or partial bypass. In type 1B, the superior mesenteric vein and splenic vein form a common trunk, which drains into a systemic vein like the inferior vena cava or right atrium. Here we discuss a 12-year-old girl with Type 1B Abernethy malformation.

CASE REPORT

The patient, a 12-year-old girl, had cyanosis since age of 5 years and presented with poor exercise tolerance for one year. She had central and peripheral cyanosis, grade 3 clubbing, and a resting SpO_2 of 88%. There was hepatomegaly but no cardiac murmurs. Her BMI was 14.7 kg/m², and her developmental milestones and intellectual ability were age-appropriate.

Blood tests showed high haemoglobin (20.4 g/dL) and haematocrit (62.1%), with normal inflammatory markers. On arterial blood gas pH 7.35, pO_2 55 mmHg, pCO_2 35 mmHg, HCO_3^- 22mmHg and lactate was 4.6 mmol/L. An echocardiogram was normal, while a chest CT revealed a small AVF, double SVC, and portocaval anastomosis. A DSA scan confirmed Type 1B Abernethy malformation with diffuse pulmonary AVMs.

Due to hypoxaemia, hepatopulmonary syndrome, and pulmonary AVMs, surgical options were deemed high-risk. Liver transplantation was not considered due to the patient's clinical status. The patient was managed conservatively with oxygen therapy and close monitoring.

DISCUSSION

Abernethy malformations present with cyanosis, hepatopulmonary syndrome, and complications of portosystemic shunting. This case emphasizes the importance of early detection of such anomalies where children can present with undue dyspnoea at later stages. Early recognition is crucial for improving outcomes as liver transplant will not result in good outcomes with late presentations.

PP 264

A RARE CAUSE OF CONGENITAL MUSCULAR DYSTROPHY: SEPN1-RELATED MYOPATHY

K C S Dalpatadu[1], D A Liyanapathirana[2], S G Weerapperuma[1], S A C Dalpatadu[3], D De Silva[4]

[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*Faculty of Medicine, University of Colombo, Sri Lanka,* [3]*General Sir John Kotelawala Defence University, Ratmalana, Sri Lanka,* [4]*Faculty of Medicine, University of Kelaniya, Sri Lanka,*

INTRODUCTION

SEPN1-related myopathy (SEPN1-RM) is an autosomal recessive congenital muscle disease caused by defects in SELENON (or SEPN1) gene. It plays a vital role in calcium homeostasis and defense against oxidative stress in myocytes. Defective gene disrupts the function of its protein resulting in muscle fibre damage. However, pathophysiology of certain clinical features still remains unclear. Disease typically presents in infancy or early childhood with spinal rigidity, scoliosis, delayed motor milestones, severe axial and proximal muscle weakness and progressive, potentially life-threatening respiratory insufficiency. Currently this disease has no cure and management mainly focuses on supportive care.

CASE REPORT

A 6 years 8-month-old boy presented with progressive concerns regarding gross motor development. The patient could walk independently, but was experiencing recurrent falls, difficulty in running and climbing stairs. The child had initially presented at 9 months of age with generalized hypotonia and isolated gross motor delay. Investigations had been inconclusive with normal electromyography (EMG) and nerve conduction studies (NCS). There was no family history of consanguinity or neuro- muscular disorders.

Examination revealed predominant proximal muscle weakness with deep tendon reflexes being intact. Patient had spinal rigidity and axial weakness. Scoliosis was observed with scapular pseudo-winging. Creatine kinase (CK) levels were elevated (419 U/L; n<171 U/L). X-ray pan-spine showed mild thoracic scoliosis. Repeat EMG showed myopathic abnormalities in the proximal> distal limb, cervical and thoracic para-spinal muscles along with superadded neurogenic changes.

Genetic tests revealed SEPN1 gene to be compound heterozygous (NM_020451.2: C.249_ 250dupGG and NM_020451.3: C.1405C>T). Incidental findings of G6PD deficiency and DUFFY blood group system Fy(bwk) phenotype were also noted. Pulmonary function tests indicated a restrictive pattern with reduced MIP and MEP suggestive of early-stage respiratory muscle weakness.

DISCUSSION

Early genetic testing, guided by the appropriate clinical context, may facilitate timely diagnosis and would help in improving patient outcomes.

PP 265

LIVER TRANSPLANTATION AS A SALVAGE OPTION IN PAEDIATRIC MULTIFOCAL HEPATOBLASTOMA: INSIGHTS FROM A NEWLY ESTABLISHED LIVER TRANSPLANT PROGRAMME

Meranthi Fernando[1,2,3], Pamalee Herath[1], Suchintha Tillakaratne[1,3,4], Bhagya Gunatilleke[1,3,5], Chamila Liyanage[6], Chinthaka Appuhami[1,3,4], Aruna Weerasuriya[1,3,4], Liyanage Ranaweera[3], Rohan Siriwardana[1,3,4]

[1]*Colombo North Centre for Liver Diseases, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [3]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [4]*Department of Surgery, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [5]*Division of anaesthesia, Department of Surgery, Faculty of Medicine, University of Kelaniya, Sri Lanka,* [6]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Hepatoblastoma is the most common liver cancer in the paediatric population which has a usual presentation between 6 months and 6 years of life. Treatment of hepatoblastoma becomes challenging especially when the tumours are unresectable. While many cases of hepatoblastoma are managed with neoadjuvant chemotherapy followed by surgical resection, certain tumours remain unresectable due to size, location and vascular involvement. In those cases, the liver transplantation becomes the curative option. Here we report a case of chemo responsive yet unresectable hepatoblastoma which had a successful outcome with liver transplantation.

CASE REPORT

A 1 year and 9-month-old girl presented with the diagnosis of hepatoblastoma involving I, IV, V, VII and VIII segments suggested by imaging. There were no vascular, regional lymph node involvement or distant metastasis.

On presentation, the child was 7.8kg in weight and a massive mass in the right hypochondrial region was obvious on inspection and palpation. Her Alpha Fetoprotein (AFP) level on presentation was 9460 ng/ml. She was initiated with 4 cycles of neo adjuvant chemotherapy with which her AFP levels drastically came down from 9460ng/ml to 194ng/ml highlighting the chemosensitivity of the tumor.

When evaluating the post chemotherapy imaging the tumor spread was very close to Inferior Vena Cava (IVC) and there was right hepatic vein involvement making the tumour unresectable. After a detailed series of evaluations with the multidisciplinary team, the child was listed for liver transplantation. The patient successfully underwent orthotopic liver transplantation with no perioperative complications. Following the transplant, the child received 3 rounds of chemotherapy to minimize the risk of recurrence, and currently being followed up in the clinics with completely normal AFP levels.

DISCUSSION

Liver transplant serves a curative treatment option for children with unresectable hepatoblastoma. Timely referral and the careful decision of going ahead with liver transplant is lifesaving.

PP 266

EXPLORING PARENTS' UNDERSTANDING AND PERCEPTION OF AUTISM SPECTRUM DISORDER: A DESCRIPTIVE STUDY

H Iranthika[1], **D V Vipulaguna**[1], **M Perera**[1], **S Sumanasena**[1]
[1]*Ayati National Centre for Children with Disabilities, Sri Lanka*

INTRODUCTION

The growing emphasis on parent-mediated interventions for children with autism spectrum disorder highlights the importance of effective parent training programmes, particularly in low- and middle-income countries. However, limited data exist on parents' knowledge, awareness and attitudes regarding autism, which may impede the development of appropriate training strategies.

OBJECTIVES

This study aimed to explore the perspective of Sri Lankan parents regarding ASD and to identify factors that may influence the acquisition of accurate information.

METHOD

The study used an interviewer administered parental knowledge questionnaire comprising 15 questions. In total, we recruited 114 parents who visited the "Ayati" National centre for children with disabilities from August 2023 to March 2025, with their children meeting the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnostic criteria for autism. Identifiable data were not used in analysis

RESULTS

A total of 114 parents of children with ASD was recruited to the study; 71.1% children were male and 28.9% were females. The mean age at presentation of the children for services was 29.8 (SD 10.54) months. Among the caregivers, 50% mothers and 54.3% fathers were university graduates; 53.5% parents were the first to identify the delay in their child; 63.1% parents were aware that genetics play a major role in causing autism. Additionally, 76.3% parents recognized delayed language development as one of the main features of autism, while 69.2% were aware that repetitive movements of the hands and head are also common features. 83.3% believed that there are certain types of food that can cause autism; 87.7% parents think that autism is preventable; 57% do not believe autism is a lifelong condition.

CONCLUSIONS

The findings reveal both strengths and gaps in parental knowledge regarding ASD, emphasizing the need for targeted educational interventions.

PP 267

DEMOGRAPHICS AND INCIDENCE OF GENETIC VARIANTS OF WILSON'S DISEASE IN CHILDREN PRESENTING TO A SPECIALIZED LIVER CENTRE IN SRI LANKA

Meranthi Fernando[1], Buddhima Premaratne[1], Suchintha Tillakaratne[1], Chinthaka Appuhamy[1], Aruna Weerasuriya[1], Eranga Ganewatte[2], Chamila Liyanage[3], Pamalee Herath[1], Bhagya Gunetilleke[1], Rohan Siriwardana[1]

[1]Colombo North Centre for Liver Diseases, Sri Lanka, [2]National Cancer Institute, Maharagama, Sri Lanka, [3]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

INTRODUCTION

Epidemiological clustering of specific gene mutations can be observed among patients with Wilson's Disease (WD) when analysing the genotypes.

OBJECTIVES

The data regarding genetics of WD are rather lacking from the South East Asian region and has not been studied in Sri Lanka before.

METHOD

Children referred to Colombo North Centre for Liver Diseases (CNCLD) from June 2020 to December 2023 who presented with suspected WD were recruited. The data were taken from the database maintained at CNCLD. Sample size was 44. The genetic diagnosis was done using whole exome sequencing or Sanger sequencing. Retrospective analysis of the demographics and prevalence of genetic variants was done using SPSS 22.

RESULTS

Out of the 44 participants recruited to the study, females and males were equal in number (n=22, 50%). The children ranged from the ages of 1 year to 16 years at the time of referral to our centre. Mean age was 11years (SD=3.66). Majority of the children were >10 years (n=32, 72.72%). Participants were scattered throughout the country with a higher frequency noted from the North Central province (n=10, 20%). At diagnosis, majority had advanced chronic liver disease (ACLD) (n=33, 75%). A few presented with acute liver failure (20.45%, n=9). Neurological features were observed in 15 (34%). Six (13.63%) children subsequently underwent liver transplantation due to decompensation of ACLD. Only 25 participants were genetically confirmed to have mutations in ATP7B. Out of them, a majority (n=14, 56%) had only one mutation for WD and were heterozygous (n=15, 60%). Multiple genetic variations could be seen with c.3182G>A (n=04, 16%) and p.(Gly1061Glu) (n=05, 20%) having higher frequencies.

CONCLUSIONS

Majority were >10 years and had only one mutation for WD. Multiple genetic variations could be seen with c.3182G>A, p.(Gly1061Glu) having higher frequencies.

PP 268

MATERNAL KNOWLEDGE ON CHILDREN'S DENTAL HYGIENE AT A SELECTED TERTIARY CARE HOSPITAL IN COLOMBO, SRI LANKA

G D Gunasekara[1], **M A M N Gamage**[2], **J L Ratnaweera**[1], **B Nanthakumar**[1]
[1]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

INTRODUCTION
Oral health is an integral component of general health and wellbeing. It is known that dental caries has a high disease burden across the world. The impact of oral health has more serious and long-lasting implications for the child's future oral health outcomes. Maternal knowledge is the best predictor for good dental hygiene in children as mothers play an integral role as the primary caregivers.

OBJECTIVES
To assess the maternal knowledge and associated factors regarding dental hygiene of children aged 1 - 5 years who presented to a selected tertiary care centre.

METHOD
A descriptive cross-sectional study was carried out among mothers of children aged 1-5 years using an interviewer administered questionnaire following ethical approval from ERC/CSTH (ref No: 2075).

RESULTS
There were 256 participants. Most (30.9%) had children aged between 4 – 5 years. Most (48.8%) were educated up to O/Level, while 34.5% and 14.5% had education up to A/L and beyond that respectively.

Knowledge score grading was based on the 50th and 75th percentile scores. A total of 43.4% (n=111) participants demonstrated a good knowledge on dental hygiene and it was significantly associated with maternal education level above Advance level ($p<0.001$), knowledge sources of mass media ($p=0.033$), doctors/dentists ($p=0.045$) and school education ($p=0.003$).

Frequent knowledge gaps were found regarding age of first dental visit (53.5% incorrect), frequency of dental review in healthy children (47.5% incorrect), and the fact that medication can affect tooth development (38.1% incorrect). Most agreed that dental problems in children can be serious (82.4%), cause of other health problems (70.6%) and that tooth decay can be prevented (93.3%). Most mothers often or always gave sweetened food/drink to their child (80.2%). This practice was significantly associated with the knowledge level ($p=0.003$).

CONCLUSIONS
Most mothers had good/satisfactory knowledge regarding dental hygiene of their children, but there are lapses of knowledge in vital areas.

PP 269

USING ADVANCED DATA FOR EFFECTIVE AND SAFE PRESCRIPTION IN PAEDIATRICS: PHYSIOLOGICALLY-BASED PHARMACOKINETIC MODELLING

P A M K Abeywickrama[1,2] **D Lonsdale**[1]
[1]*St Georges University Hospital NHS foundation Trust, London, United Kingdom,* [2]*Postgraduate Institute of Medicine, University of Colombo, Sri Lanka*

INTRODUCTION

Paediatric pharmacotherapy is often limited by the lack of age-specific pharmacokinetic data, with nearly 50% of drugs in children prescribed off-label. Traditional dosing relies heavily on clinical experience, increasing the risk of variability and adverse effects. Physiologically-Based Pharmacokinetic (PBPK) modelling provides a mechanistic, computer-based approach that incorporates age-related physiological changes such as organ maturation, enzyme ontogeny, organ volume, and blood flow to simulate drug absorption, distribution, metabolism, and elimination in paediatric populations.

OBJECTIVES

To explore how PBPK modelling can improve the efficacy and safety of paediatric drug therapy

METHOD

A systematic review was conducted using PubMed and Scopus with predefined search terms focused on paediatric PBPK modelling. Studies involving clinical use, simulation, or model validation in children (0–18 years) were included. Data were extracted into an Excel sheet covering study type, objectives, software used, age group, sample size, drugs studied, model type, physiological parameters, data sources, validation methods, predictions, dosing impact, reported benefits, and limitations

RESULTS

Paediatric PBPK models are typically adapted from adult models by integrating age-dependent parameters, including organ size, blood flow, and enzyme/transporter ontogeny. Sigmoidal Emax functions and scaling factors help simulate age-appropriate clearance and exposure. Transporters with known developmental regulation include OATP1B1, OCT1, and P-gp (liver); OAT1, OAT3, and OCT2 (kidney); and PEPT1 and BCRP (intestine). Ontogeny data are derived from mRNA expression, proteomics, and localization studies. PBPK models also assess drug-drug and drug-food interactions and support dose adjustments based on physiological maturity.

CONCLUSIONS

PBPK modelling represents a vital tool in paediatric pharmacotherapy, addressing the gap created by the scarcity of clinical data. By incorporating developmental changes such as enzyme ontogeny and organ maturation, it provides mechanistic insights to optimize drug dosing.

PP 270

ERYTHEMA NODOSUM SECONDARY TO LEVAMISOLE IN A CHILD WITH STEROID DEPENDENT NEPHROTIC SYNDROME: A RARE ASSOCIATION

G K K Ratnayake[1], **V Gunasekara**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Nephrotic syndrome is the commonest glomerular disease in children with a relapsing and remitting course. Levamisole is a relatively safe steroid-sparing agent. We are reporting a rare complication related to levamisole

CASE REPORT

A 14-year-old boy with steroid dependent nephrotic syndrome in remission and on levamisole 120mg bd, presented with 2 days history of bilateral painful lower limb nodules. He had similar episode of painful bilateral lower limb nodules 4 years ago. During the first episode he had positive ANA, erythrocyte sedimentation rate 26mm/hour, anti-streptolysin O titre 200IU, C3 127mg/dl (55-120), C4 36mg/dl, and p-ANCA 79, c- ANCA negative and there were no urinary sediments.

The skin nodules healed within 1-week of discontinuation of levamisole. Following a relapse of nephrotic syndrome, he was restarted on levamisole 3 months before the second episode of skin lesions; ANA and ANCA were negative during this episode, and lesions healed with supportive therapy alone after cessation of levamisole. Histology revealed septal panniculitis without vasculitis suggestive of erythema nodosum. There were no fever or other features of autoimmune diseases during either episode.

DISCUSSION

Studies report flu-like illness, vomiting, rarely MPO-positive vasculitis, and levamisole induced toxic epidermal necrolysis. However, erythema nodosum is not reported. We report this case to highlight the importance of recognizing levamisole as a potential drug inducing erythema nodosum

PP 271

PAEDIATRIC COMPLICATED COMMUNITY-ACQUIRED PNEUMONIA: SURGICAL AND MEDICAL MANAGEMENT EXPERIENCE FROM A SINGLE CENTRE

K W D A Anuradha[1], S A I K Sudasinghe[1], A D C L Wickramarathna[1], P D Weeraddana[1], Saman Iddagoda[2], Dhammike Rasnayake[2]
[1]*Lady Ridgeway Hospital for Children, Sri Lanka,* [2]*National Hospital for Respiratory Diseases, Welisara, Sri Lanka*

INTRODUCTION

Management of complicated community-acquired pneumonia (CCAP) in children is challenging, frequently requiring surgical interventions and prolonged antimicrobial therapy. Timely decision-making between medical and surgical management significantly influences outcomes.

OBJECTIVES

This study reviews CCAP cases managed at a single tertiary care centre.

METHOD

A retrospective chart review was conducted on 28 children (aged 1–15 years) treated for CCAP at Ward 1, Lady Ridgeway Hospital over 18 months from September 2023. Data on clinical features, interventions, and outcomes were analysed.

RESULTS

Of the 28 patients (16 males, 12 females; median age 6 years), 17 (60%) had ultrasound-confirmed empyema and 4 (14%) had simple parapneumonic effusions. Severe necrotizing pneumonia (NP) with empyema was seen in 8 (28%), lung abscess in 4 (14%), and bronchopleural fistula (BPF) in 2, both managed medically. Of the 25 patients with septated empyema, 18 (64%) underwent procedures: chest drain (3), VATS with decortication (14), and thoracotomy with lobectomy (1). Patients with severe NP and empyema were managed medically. The most common antibiotic regimen was piperacillin-tazobactam and clindamycin. All had received antibiotics prior to admission.

Children undergoing surgery had a median hospital stay of 15 days (IQR 10–21), significantly shorter than those managed medically (30 days, IQR 21–35). None in the medically managed group required ICU care. All nine who required ICU admission were post-operative, with stays of less than 48 hours. High-flow oxygen was used in 11 children (all under five) for a median of 3 days. Six had underlying conditions (TB: 2, CPAM: 2, sequestration: 1, CGD: 1). *S. pneumoniae* was cultured in pleural fluid in three cases. Only two children had received pneumococcal vaccination. All recovered fully without sequelae.

CONCLUSIONS

Medical vs surgical management was guided by the severity of parenchymal versus pleural involvement. Early imaging, appropriate antibiotics, and timely surgical referral contributed to excellent recovery and reduced hospital stay.

PP 272

CAN LIVING LIVER DONATION SUPPORT THE SUCCESSFUL ESTABLISHMENT OF PAEDIATRIC LIVER TRANSPLANTATION PROGRAMS IN DEVELOPING COUNTRIES - INSIGHTS FROM SRI LANKA

Suchintha Tillakaratne[1], Neesha Hendavitharana[1]. Meranthi Fernando[1], Bhagya Gunetilleke[1], Chamila Liyanage[2], Aruna Weerasuriya[1], Chinthaka Appuhamy[1], Eranga Ganewatte[2], Kusal Sathsara[1], Rohan Siriwardana[1]

[1]*Colombo North Centre for Liver Diseases, Sri Lanka,* [2]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Choice of grafts for liver transplant largely depends on the effectiveness of the Deceased Donor Programme (DDP). In the absence of well-established DDP, living donation is an alternative option.

OBJECTIVES

To evaluate the donor profile of newly established paediatric liver transplant program in Sri Lanka.

METHOD

Paediatric liver transplant commenced in Sri Lanka in 2020. There were 14 liver transplants done as elective cases and 13 were done as emergency cases. Once a patient is decided for liver transplant the patient is listed for deceased donor list. Simultaneously family is informed regarding the potential live related domination. A separate registry of altruistic live undirected donor database is maintained by the centre. In the absence of potential related donors, altruistic donors are considered.

RESULTS

During the study period, 06 deceased donor transplants were done. A total of 86 potential donors were evaluated and 21 progressed for donation. The commonest indication to donor rejection was increased BMI >23kg/m^2 (32.35% n=22), followed by age >40 years (26.47%, n-18), altered liver profile (4.41% n=3) and presence of fatty liver disease (4.41% n=3). The mean age of donors was 32 years (22-42years), and mean BMI was 21.45kg/m^2. Out of the donors who proceeded with hepatectomy, 14 were parents and 07 were unrelated donors. All unrelated donors were Buddhist priests. There were 05 right lobe grafts, 08 left lobe grafts and 08 left lateral grafts. Peri-operative mortality with deceased donor grafts was 50% compared to 14.29% with live donor grafts.

CONCLUSIONS

In the absence of structured diseased donor programme, living donors have a better outcome compared to diseased donors. Maintaining an altruistic liver donor pool increased the potential for transplant.

PP 273

QUALITATIVE STUDY ON REPRODUCTIVE INTENTIONS OF PARENTS OF CHILDREN WITH CEREBRAL PALSY, FOLLOWED UP IN A TERTIARY CARE PAEDIATRIC SETTING IN SRI LANKA

D N K Bowala[1], **K M Bhagya Devagiri**[2], **Sanjaya Fernando**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka,* [2]*Department of Disability Studies, University of Kelaniya, Sri Lanka*

INTRODUCTION
Cerebral palsy (CP) is the most common neuromotor disability in children. The presence of neuro-disability in children requires them to need a lifetime of specialised care, costing their parents unique psychological, financial, and social challenges. Such potential effects could have repercussions on the reproductive decision-making of their parents.

OBJECTIVES
This study intended to describe the reproductive intentions, their determinants, and the influence of healthcare providers and the community in reproductive decision making among parents of children with CP.

METHOD
A Qualitative descriptive cross-sectional study was performed in a purposeful sample recruited from the Lady Ridgeway Hospital for Children, Colombo, Sri Lanka, from December 2024 to March 2025. Eighteen parents (15-49 years) of children with CP between 2-12 years of age underwent in-depth semi-structured interviews until data saturation was achieved. The audio files were transcribed verbatim, translated and thematically analysed using the Ritchie and Spencer framework for qualitative data analysis

RESULTS
A total of 45 themes were extracted primarily in the domains of parental perception of the child's condition, information received from healthcare providers, and the community about the child with CP, the desire to have more children before and after the birth of child with CP, and the support received from family planning counselling services. Parents revealed their future expectations and uncertainty about the future of the child. Information received from a health care worker regarding the child's condition is inconsistent and limited. Many implied shattered family dynamics and personal lives with a significant psychological burden. Reluctance to have additional children was mentioned by a majority, mainly due to fear of CP recurrence, concerns over neglect of the child with CP, and a perceived lack of financial, emotional, and social support. A majority valued family planning counselling services, though the mothers largely disregarded them due to personal commitments.

CONCLUSIONS
These insights reveal the complex interplay between personal, social, and systemic factors in modeling reproductive intentions among this unique population.

PP 274

CHANGING PATTERNS: MYCOPLASMA PNEUMONIA WITH PLEURAL EFFUSION ON THE RISE? - A CASE SERIES

H G H Udara[1], **D D S De Zoysa**[1], **H S Gajaweera**[1]
[1]*Paediatric Pulmonology Unit, National Hospital Galle, Sri Lanka*

INTRODUCTION

Pleural effusion represents an uncommon but clinically significant complication of *Mycoplasma pneumoniae* infection.

OBJECTIVES

This study characterizes the clinical profile, management strategies, and outcomes of serologically confirmed paediatric *Mycoplasma pneumonia* cases complicated by pleural effusion.

METHOD

A retrospective chart review identified eight paediatric patients with serologically confirmed *Mycoplasma pneumonia* complicated with pleural effusion at National Hospital Galle in 2024. Demographic data, clinical parameters, laboratory findings, radiological features, therapeutic interventions, and outcomes were analysed.

RESULTS

The cohort (mean age 8.5 years, M:F ratio 1:1) presented after a mean symptom duration of 9 days, with all patients having received antibiotics pre-admission. Laboratory investigations revealed elevated inflammatory markers (mean ESR 90±34mm/hr, mean CRP 168±35mg/L), while blood cultures remained sterile universally. Serum Mycoplasma IgM titres were significantly elevated (titre >27.0 Index. Radiologically, unilateral effusions predominated (77.8%) with right-sided predilection (66.7%).

Management required prolonged hospitalization (mean 26 days), with two patients (22.2%) requiring intensive care admission and 1 patient (11.1%) requiring mechanical ventilation; 55.6% required heated humidified high flow nasal cannula oxtgen support. Therapeutic interventions included intercostal tube placement (66.7%), intrapleural fibrinolysis (33.3%), and video-assisted thoracoscopy (22.2%). All patients demonstrated suboptimal clinical response to initial macrolide therapy (azithromycin / clarithromycin), with significant improvement following fluoroquinolone (ciprofloxacin) administration. Complete radiological resolution was achieved in all patients at 4 weeks follow-up, though two patients (22.2%) developed complications including bronchiectasis and recurrent effusion.

CONCLUSIONS

This series demonstrates that Mycoplasma-associated pleural effusions carry substantial morbidity, requiring prolonged hospitalization and frequent interventional management. High index of suspicion for macrolide resistant *Mycoplasma pneumonia* is crucial in cases with poor clinical response.

PP 275

TWO CASES OF SALMONELLA INFECTION WITH LIFE-THREATENING COMPLICATIONS WHO PRESENTED DURING AN OUTBREAK IN A TERTIARY CARE CENTER IN SRI LANKA

D W N M Wimalaguna[1], G A D N B Wimalasena[1], S L Mohotti[1], B Y Samarawickrama[1], Aruna de Silva[2], T M Munasinghe[2], S Kasthuri[3], P Gamage[3], S Deshapriya[3]

[1]*University Paediatric Unit, National Hospital Galle, Sri Lanka,* [2]*Department of Paediatrics, Faculty of Medicine, University of Ruhuna, Sri Lanka,* [3]*National Hospital Galle, Sri Lanka*

INTRODUCTION

This case report presents two rare and severe complications of *Salmonella Typhi* infection observed during a Salmonella outbreak at the National Hospital Galle (NHG), emphasizing the need for heightened clinical awareness of atypical manifestations.

CASE REPORTS

Case 1 involved an 8-year-old previously healthy child who presented with severe diarrhoea, vomiting, and fever. Shortly after admission, he developed a tonic-clonic seizure and was transferred to NHG in septic shock with massive gastrointestinal fluid loss. Intensive care management included intubation, multiple inotropes, broad-spectrum antibiotics, and supportive care for multi-organ dysfunction. Despite aggressive treatment, the child experienced prolonged low Glasgow coma scale (GCS) scores, focal seizures, and was later diagnosed with bilateral posterior inferior cerebellar artery infarctions via neuroimaging. Further complications included liver and kidney dysfunction, electrolyte imbalances, and an invasive candida infection. After 24 days in the intensive care unit and continued care in the ward, the child eventually recovered with no significant neurological sequelae.

Case 2 described a 12-year-old girl with a known splenic cyst who presented with fever, abdominal pain, and reduced urine output. Imaging revealed haemorrhage into a large splenic cyst with surrounding fluid and pleural effusion. Initial treatment involved intravenous antibiotics and ultrasound-guided drainage. Due to poor response, a laparoscopic splenic cystectomy was performed, leading to full recovery.

Blood cultures in both cases confirmed *Salmonella Typhi* infection.

DISCUSSION

These two cases highlight the systemic nature of enteric fever, presenting beyond gastrointestinal symptoms. Early imaging and multidisciplinary care are crucial for positive outcomes. These cases underscore the need to recognize unusual and potentially life-threatening complications of *Salmonella Typhi*, especially in endemic regions with increasing disease prevalence.

PP 276

EPIDIDYMO-ORCHITIS AS A RARE EXTRACUTANEOUS MANIFESTATION OF HENOCH-SCHÖNLEIN PURPURA

W M Rukshani[1], B Y Samarawickrama[1], H S N Wijethunga[1], H B C Sewwandi[1], K Cooray[1]
[1]District General Hospital Avissawella, Sri Lanka

INTRODUCTION

Henoch-Schönlein Purpura (HSP), also known as IgA vasculitis (IgAV), is an idiopathic systemic immune complex–mediated vasculitis. It is the most common small-vessel vasculitis in children. Although HSP typically presents with palpable purpura, abdominal pain and joint symptoms, testicular involvement is rare. Here we present a case of a young boy who presented with acute painful scrotal swelling, subsequently diagnosed as epididymo-orchitis associated with HSP.

CASE REPORT

A 3-year and 5-month-old boy, previously healthy child presented with painful scrotal swelling and lower limb rash for two days duration. Physical examination revealed a palpable, purpuric rash distributed over extensor surfaces of both feet. Genital examination showed a diffusely enlarged, erythematous, tender scrotum. His vital signs were within normal ranges and other systemic examination revealed no abnormality.

Doppler ultrasound scan of scrotum revealed diffuse scrotal wall oedema which confirmed the diagnosis of epididymo-orchitis. However, testicular torsion was excluded after surgical exploration under anaesthesia.

Urine analysis and renal functions were unremarkable. Erythrocyte sedimentation rate was elevated. Vital signs were within normal range throughout the hospital stay. Epididymo-orchitis settled on day five of illness and he was discharged from the hospital with a plan for regular urine analysis up to six months from the current illness in view of monitoring for nephritic manifestations of the disease.

DISCUSSION

The scrotal involvement may appear at any stage of IgAV. It occurs after the onset of IgAV in 67% of cases, prior to the onset in 24%, and simultaneously in 9%. This case emphasizes the significance of identifying atypical systemic manifestations of HSP, particularly epididymo-orchitis. This highlights the importance of timely evaluation and individualized treatment to ensure optimal clinical outcomes.

PP 277

IDENTIFYING KEY LEARNING CHALLENGES IN CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD): A DESCRIPTIVE ANALYSIS OF ASSESSMENT DATA FROM AYATI NATIONAL CENTRE (2023–2024)

W A I N Warnakula[1], **D N K Bowala**[1]
[1]*Ayati National Centre, Faculty of Medicine, University of Kelaniya, Sri Lanka*

INTRODUCTION
Autism Spectrum Disorder (ASD) is frequently associated with diverse learning difficulties that impact educational engagement and functional independence. Identifying specific domains of academic and cognitive impairment is crucial for individualized education planning and inclusive intervention strategies

OBJECTIVES
To describe the prevalence and pattern of learning difficulties among children with ASD assessed at the Ayati National Centre and to explore the influence of maternal education level, household income, and school inclusion on learning outcomes.

METHOD
A descriptive analysis was conducted on learning assessment data of 77 children with ASD aged above 5 years, registered at the Ayati National Centre between 2023 and 2024. Assessment domains included cognitive skills (orientation, color/shape recognition, quantity concepts), academic skills (reading, writing, mathematics), and functional reasoning. Performance levels were categorized as “Good” (Score = 3), “Average” (Score = 2), or “Difficult” (Score = 1). Data were analyzed with respect to demographic and socioeconomic variables including mother’s

RESULTS
Difficulties were most prominent in mathematics, with 93% struggling in division and over 80% in addition, subtraction, and multiplication. In writing, 74% had difficulty with creative writing and 57% with dictation. Reading comprehension posed challenges for 52% of children, despite relatively better performance in fluency and accuracy. General orientation (53%) and quantity cognition (50%) were the most affected cognitive domains. Better academic outcomes were observed in children of mothers with higher education and in households with higher income, while data on inclusive schooling was limited for conclusive interpretation.

CONCLUSIONS
Children with ASD present with significant challenges in mathematics, expressive writing, and comprehension skills. These difficulties appear to correlate with maternal education and economic background.

PP 278

NEUROLEPTIC MALIGNANT SYNDROME FOLLOWING DRUG OVERDOSE LEADING TO RHABDOMYOLYSIS AND COMMON PERONEAL NERVE ENTRAPMENT

Dinusha Marasinghe[1]
[1]*Paediatric Unit, University Hospital Sussex NHS, UK*

INTRODUCTION

Neuroleptic Malignant Syndrome (NMS) is a rare but life-threatening reaction to anti-psychotic or dopamine antagonist medications. It is characterized by hyperthermia, muscle rigidity, altered mental status and autonomic dysfunction.

CASE REPORT

A 16-year-old male with no known prior medical conditions, living in supported accommodation, was found in his room with altered mental status. He had reportedly experienced a normal day prior to being discovered. On assessment, he was febrile, with a Glasgow coma scale score of 9, but displayed stable vital signs and no signs of meningism or neck stiffness. He was transferred to the High Dependency Unit (HDU) for intravenous antibiotics, close observation and monitoring. His initial head computed tomography scan was normal.

The patient subsequently regained consciousness and was able to report ingesting an uncertain amount of sertraline. Over the next two days, his condition was complicated by a gradual rise in creatine kinase (CK) levels, consistent with rhabdomyolysis. He developed progressive swelling and severe pain in his right lower limb, which required management with multiple analgesic medications. Magnetic resonance imaging revealed peroneal nerve entrapment with associated inflammation.

He was initiated on a 5-day course of intravenous methylprednisolone. His symptoms of limb swelling gradually improved; however, he continued to have pain and developed common peroneal nerve palsy in 5 days. He was started on physiotherapy, pain management and was managed by the neurology team, rheumatology team and pain management team.

DISCUSSION

Early identification and treatment of neuroleptic malignant syndrome in children is critical to prevent complications. A multidisciplinary approach, individualized care, physical rehabilitation, and ongoing follow-ups are essential for recovery. Education on medication risks can help prevent recurrence, ensuring better outcomes for paediatric patients and their families.

PP 279

A RARE CASE OF TREATMENT-RESISTANT ATYPICAL KAWASAKI DISEASE COMPLICATED WITH MACROPHAGE ACTIVATION SYNDROME; A CASE REPORT

Piumi Madawala[1], Chamodi Nissanka[1], Yashoda Athauda[1], Priyanga Padmasiri[1], Sagarika Priyadarshani[1], Tharindi Suriapperuma[1,2], Jayathri Jagoda[3], Sachith Mettananda[1,2]

[1]*Colombo North Teaching Hospital, Ragama, Sri Lanka,* [2]*Faculty of Medicine, University of Kelaniya, Sri Lanka,* [3]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Kawasaki disease is a medium vessel vasculitis with a predilection for coronary arteries. Macrophage activation syndrome (MAS) is a potentially fatal condition caused by uncontrolled activation of T lymphocytes and macrophages triggered by a cytokine storm. MAS is a recognized complication of inflammatory diseases like juvenile idiopathic arthritis. However, MAS complicating Kawasaki Disease is very rare. Here, we report a patient with Kawasaki disease complicated by MAS.

CASE REPORT

A 1-year-old, previously healthy Sri Lankan boy presented with fever for 6 days. He was diagnosed with incomplete Kawasaki disease based on the presence of fever for >5 days, erythematous mucous membranes, pedal oedema, urticarial skin rash, C-reactive protein of 137mg/dL, erythrocyte sedimentation rate of 128 mm/hour, haemoglobin of 9.5 g/dL, white cell count of 27.4 × 10^9/L, platelet count of 1144 × 10^9/L and mildly elevated alanine transaminases (58IU/L). Initial echocardiography and abdominal ultrasonography were normal. The child was treated with intravenous immunoglobulin (IVIG) 2g/kg and oral aspirin 80mg/kg/day.

The fever and rash subsided for 36 hours; however, reappeared on day 9, which necessitated a second dose of IVIG. Despite the second dose of IVIG, child continued to have high spiking fever with an erythematous rash. Repeated investigations on day 16 of illness showed markedly dropping cell counts, transaminitis (ALT- 376IU/L, AST-484IU/L), serum ferritin of 3660ng/mL, hypertriglyceridemia (148 mg/dl), hypofibrinogenemia (2.68g/L) and elevated d-dimers (>10000ng/mL). MAS complicating refractory Kawasaki disease was suspected, and the child was treated with intravenous methylprednisolone pulse therapy (30mg/kg) for 7 days and oral cyclosporin while continuing high-dose aspirin. The fever subsided on day 25 of the illness, and inflammatory markers normalized. Echocardiogram done on day 30 of illness showed coronary ectasia with hype echogenicity confirming Kawasaki disease.

DISCUSSION

MAS is an extremely rare complication of Kawasaki disease. Due to overlapping clinical and laboratory features, differentiating MAS from refractory Kawasaki disease is challenging. This case report highlights the importance of being vigilant for complications like MAS, which require specialized treatment when Kawasaki disease is refractory.

PP 280

SEVERE SALMONELLA MENINGITIS IN AN INFANT COMPLICATED BY STATUS EPILEPTICUS AND CEREBRAL INFARCTION: A CASE REPORT

D M D T Dissanayake[1], **Sanjaya Fernando**[1], **Kapila Panditha**[1], **D S K Weerakkody**[1], **M N A Peiris**[1], **A S Modaragama**[1]
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Salmonella meningitis is an uncommon but severe form of bacterial meningitis in infancy, particularly in developing countries. It carries a high risk of neurological complications, including seizures, cerebral infarction, and long-term neurodevelopmental delay. Early diagnosis and aggressive management are essential to improving outcomes

CASE REPORT

We report a case of a 2½-month-old male infant, firstborn to non-consanguineous parents, who presented with a 5-day history of fever. After admission, he developed multiple right-sided focal seizures progressing to status epilepticus. He was managed with intravenous midazolam, phenobarbitone, and levetiracetam.

Laboratory evaluation revealed neutrophilic leucocytosis and a markedly elevated C-reactive protein of 293 mg/L. Lumbar puncture showed cerebrospinal fluid (CSF) with moderately field-full polymorphonuclear cells, glucose of 28 mg/dL (RBS 85mg/L), and protein of 70 g/dL. Blood and CSF cultures both yielded Salmonella species sensitive to third-generation cephalosporins. He was treated with intravenous cefotaxime for 21 days.

Neuroimaging (CT brain) revealed an acute infarction in the left middle cerebral artery territory with features suggestive of vasculitis. The infant subsequently developed acute developmental regression. With ongoing neurorehabilitation, gradual improvement in developmental milestones has been observed. Given the severity and rarity of the pathogen, evaluation for primary immunodeficiency was initiated. The nitroblue tetrazolium test for chronic granulomatous disease was negative, and further immunological workup with flow cytometry is underway.

DISCUSSION

This case highlights the rare but serious complications of Salmonella meningitis in infancy, including vasculitic stroke and status epilepticus. It underscores the importance of early recognition, prolonged targeted antibiotic therapy, seizure management, and evaluation for possible immunodeficiency in infants with invasive Salmonella infections. Close neurodevelopmental follow-up and rehabilitation play a key role in optimizing long-term outcomes.

PP 281

SUCCESSFUL HOME DISCHARGE OF A CHILD ON PROLONGED TRACHEOSTOMY VENTILATION FOLLOWING ACUTE FLACCID MYELITIS: THE FIRST SRI LANKAN EXPERIENCE

K W D A Anuradha, K M Dinusha Fernando, D Kasun Nilanga Ariyarathna, M Rakhitha R Munasinghe, Nalin Kithulwatte, Deshan Adhihetty, Jayathri Jagoda, A D K S N Yasawardana, Jithangi Wanigasinghe
[1]*Lady Ridgeway Hospital for Children, Colombo, Sri Lanka*

INTRODUCTION

Acute Flaccid Myelitis (AFM) is a rare but serious neurological condition, often presenting with sudden-onset paralysis and rapid progression. We present the case of a previously healthy 4-year-old boy who required long-term ventilatory support following a diagnosis of AFM.

CASE REPORT

The child developed acute paraplegia, preceded by a chest infection, which progressed to respiratory failure within 72 hours, necessitating mechanical ventilation. Magnetic resonance imaging revealed encephalomyelopathy extending from the lower medulla to the upper thoracic spinal cord, along with deep white matter changes in the frontal lobes. Antibodies for Neuromyelitis Optica (NMO) and Myelin Oligodendrocyte Glycoprotein (MOG) were negative, while nerve conduction studies supported the diagnosis.

A tracheostomy was performed to facilitate prolonged ventilation, during which the patient experienced multiple episodes of ventilator-associated and aspiration pneumonia. Despite motor weakness he remained fully conscious and communicative. Transitioning from intensive care unit (ICU) to home-based ventilation was particularly challenging, as no previous paediatric discharges of tracheostomized, ventilator-dependent children had occurred in Sri Lanka.

With remarkable commitment from the multidisciplinary team (MDT) including intensive care, neurology, pulmonology, ENT, and rheumatology with the exceptional dedication of his parents, home-based care became a reality. The family obtained essential equipment including a BiPAP machine, suction apparatus, nebulizers, multi-monitors, and backup systems. Both parents underwent extensive training by the MDT in tracheostomy care, suctioning, BiPAP operation, PEG feeding, emergency tracheostomy insertion, and basic life support.

After nearly one year in the ICU, the child was successfully discharged and has remained stable on home tracheostomy BiPAP for over two months.

DISCUSSION

This case highlights that, with coordinated MDT support and committed family involvement, successful home care for ventilator-dependent children is achievable in Sri Lanka. It sets a precedent for establishing structured systems to support similar discharges in resource-limited settings.

2025

SPEAKERS

SCIENTIFIC SESSIONS

27TH ANNUAL SCIENTIFIC CONGRESS 2025

"Organize and Collaborate for Cost-Effective and Meaningful Care"

Breakfast Session: Acid-Base Disorders in Paediatric Kidney Disease: A Case-Based Approach

Panel

Professor Detlef Böckenhauer, Professor of Paediatric Nephrology, University College London, Honorary Consultant at Great Ormond Street Hospital NHS Foundation Trust, United Kingdom

Acid-base homeostasis is one of the key aspects of kidney function. In this talk, I will provide a few cases of inherited disorders of acid-base balance that highlight the physiology and pathophysiology of renal acid-base handling and how treatment logically derives from that.

Breakfast Session

Moderator

Professor Asiri Abeyagunawardene
Senior Professor of Paediatrics,
University of Peradeniya, Sri Lanka

Panel

Dr Vindya Gunasekera
Consultant Paediatric Nephrologist,
Lady Ridgeway Hospital for Children, Sri Lanka

Panel

Professor Randula Ranawaka
Professor in Paediatric Nephrology,
University of Colombo, Sri Lanka

Keynote Address: The Crucial Need for Professionalizing Alternative Care for Children in Sri Lanka: A Way Forward

Professor Harendra de Silva, Emeritus Professor of Paediatrics, University of Colombo, Sri Lanka

An extensive study was caried out in varied instituitional care facilities for children in the Western Province. The subjects were children, carers, administrators and legal professionals at different level working in child care. Qualitative and Quantitative research strategies were used. Qualitative studies consisted of Focus Group Discussions, In Depth Interviews, Key Informant Interviews, Observations, and Desk Review of Laws. Quantitative an evaluated questionnaire was administered to children to assess the psychological impact on children using SPSS analysis. These findings are presented separately.

Based on the findings we propose a paradigm shift in the care of children in institutions to a professional system parallel the care of patients in the health system from the present administrative based childcare.

We propose a change in the probation and child care department to have two different arms consisting of legal professionals dealing with children in conflict with the law. A health and educational care aspects to be managed by psychologists, sociologists, educationalists, Doctors and physiotherapists wherever necessary, nurses etc. This arm would focus on providing a nurturing and stimulating environment and experience. Professional administrators would manage both arms similar to the Ministry of Health.
The structure, recruitment, training, and Registration in a similar body to the SLMC. Review systems and accountability aspects are described.

In addition, it is recommended to devolve the NCPA to another Ministry due to conflicts of interest that arises with the legal mandate of the NCPA.

A preventive service is recommended by studying the reasons for institutionalization. A surveillance system, and the development of a confidential database of vulnerable children and address their specific needs is also recommended. The relevant care partners are identified.

Plenary: The Earlier You Find, the Better You Treat: Inflammatory Bowel Disease in Children

Professor Mark Beattie
Lead for Paediatric Gastroenterology and Nutrition,
Southampton General Hospital, United Kingdom

Paediatric-onset inflammatory bowel disease (IBD) is a complex and heterogenous condition. Incidence of disease in those aged <18 years has increased signficantly over the last 25 years. Family history is common. Presenting features include abdominal pain, diarhoea with blood, weight loss and impaired linear growth. Early diagnosis and treatment (including nutritional support) are essential to optimise long term outcomes. Infection needs to be excluded. The tools available for assessment and further investigation have developed over the last 10 years, including better utilisation of faecal calprotectin, improved small bowel imaging and video capsule endoscopy. First line therapies include Exclusive Enteral Nutrition, Corticosteorids and Thiopurines. Increasingly management includes the early use of biological and small molecule therapies. Infliximab is the most widely used with improved understanding of role of therapeutic drug monitoring to optimise treatment, particularly the dose and regimen. There are multiple alternative agents to use for lack of or loss of response. These therapies used as part of a multidisiplinary approach to management – tailored to the individual patient - have reduced the need for surgery and improved social, educational and growth outcomes.

Further Reading
Ashton JJ, Beattie RM
Inflammatory bowel disease: recent developments
Archives of Disease in Childhood 2024;109:370-376.
https://adc.bmj.com/content/archdischild/109/5/370.full.pdf

Guest Lecture: Bronchopulmonary Dysplasia: From NICU to Long-Term Outcomes

Professor Ian Sinha
Consultant Respiratory Paediatrician, Alder Hey
Children's Hospital, United Kingdom

Guest Lecture: Diet in Gastrointestinal Disorders: A Practical Approach

Dr Rakesh Vora, Paediatric Gastroenterology Consultant, Evelina London, Children's Hospital, Guy's & St Thomas' Hospitals, Foundation NHS Trust, United Kingdom

There is both established and emerging evidence about management of gastrointestinal conditions and with dietary management . The established evidence is in treatment of conditions like Coeliac disease, Crohns's disease, Eosinophilic gastro intestinal diseases , Irritable bowel syndrome, epilepsy , malnutrition and obesity .Functional gastrointestinal conditions is another area where there is limited evidence with regards to certain exclusion diets. Dietary interventions in autism and ADHD have been studied with no conclusive evidence regards their efficacy. The use of diet in Nutritional deficiency diseases like Protein energy malnutrition, Scurvy , Rickets and Iron deficiency anaemia is well known. There is now growing evidence of associations between consumption of Ultra highly processed foods and adverse health outcomes especially cardiometabolic and mental health. There is an urgent need to investigate the mechanisms of ultra processed foods in poor health outcomes.

Symposium: Paediatric Movement Disorders: A Clinical Guide

Dr Anirban Majumdar, Consultant in Paediatric Neurology, Bristol Royal Hospital for Children, United Kingdom

Paediatric movement disorders (PMDs) is a diverse group of conditions where it is paramount to recognise the condition in order to correctly diagnose and promptly treat . This talk will focus on some of the common PMDs, discuss classification and general principles underlying treatment. There are also a number of controversial areas in PMD and these will also be discussed.

Symposium: Vegetarian and Vegan diets in Children: Ensuring Nutritional Adequacy

Dr Jayani Tennakoon Jayaweera, Consultant Nutrition Physician, Colombo South Teaching Hospital, Sri Lanka

Across the globe, including in Sri Lanka, there is a growing shift toward plant-based diets. Increasingly, families are adopting vegetarian and vegan lifestyles for their children, driven by health, ethical, and environmental concerns. This speech will provide an overview of the different types of plant-based diets, their potential health benefits, and the importance of careful planning to ensure nutritional adequacy during key stages of growth and development. The presentation will examine critical nutritional considerations in vegetarian and vegan diets for children, highlighting nutrients that may be at risk—such as protein, iron, calcium, vitamin B12, vitamin D, omega-3 fatty acids, and zinc. Practical strategies to meet these nutritional needs through plant-based foods or appropriate supplementation will be discussed, supported by evidence-based recommendations from leading pediatric and nutrition authorities.

Symposium: Sleep Disorders in Children with Neuro- Behavioural Conditions: A Practical Approach for Management

Professor Sameer Zuberi Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom

Sleep is of the brain and for the brain. It is to be expected that children with neuro-behavioural conditions will have difficulty in initiating and maintaining sleep. Sleep is essential for memory consolidation and therefore sleep disruption can have detrimental effects on the learning and behaviour of already vulnerable children. The impact of sleep disruption on the quality of life of children and the wider family cannot be underestimated. Clinicians need to understand the basics of sleep neurobiology to better manage sleep disorders. In this session I will touch on sleep physiology and focus on how to take a sleep history, including useful tools and questionnaires, the concepts of sleep hygiene and practical ways to support this in children. The role and limitations of medications as an adjunct to behavioural sleep management will be discussed.

Symposium : Feeding Children with Neuro-disability

Professor Mark Beattie
Lead for Paediatric Gastroenterology and Nutrition, Southampton General Hospital, United Kingdom

Nutritional management for children with neurodisability can be challenging and there are an increasing number of children at risk of malnutrition. Management involves healthcare professionals in community and hospital working together with the family with the aim of optimising nutrition and quality of life. Feeding difficulties can be the result of physical causes like lack of oromotor coordination, discomfort associated with reflux oesophagitis or gastrointestinal dysmotility. Non-physical causes include parental/professional views towards feeding, altered perception of pain and discomfort, extreme sensitivity to certain textures and rigidity of feeding schedule associated with artificial feeding. Estimating nutritional needs can be difficult and is affected by comorbidities including epilepsy and abnormal movements, severity of disability and mobility. Defining malnutrition is difficult as children with neurodisability reflect a wide spectrum with disparate growth patterns and body composition and auxology is less reliable and less reproducible. Management involves selecting the type and method of feeding best suited for the patient. This should include consideration of blended diet. Feed intolerance is common, multifactorial and difficult to treat, and realistic treatment goals need to be agreed. As artificial feeding can place a significant burden of care any decision-making should be, as much as possible, in concurrence with the family. Symptom management sometimes requires pharmacological interventions, but polypharmacy is best avoided. In this session we will discuss the pathways of identifying children at risk of malnutrition and available management options with a strong emphasis on working as a clinical team with the child and family. Early discussion of long-term feeding plans—hospital and home—is important and may include advance care planning where appropriate.

Symposium: Multidisciplinary Approach in Optimizing Nutrition in the NICU

Dr Viraraghavan Ramaswamy
Consultant Neonatologist, Ankura Hospital for Women and Children, Hyderabad, India

Symposium: Learning Disorders: What Paediatricians can do?

Dr Anuradha Herath, Senior Lecturer in Psychiatry, University of Colombo, Sri Lanka

Learning disorders are complex and multifaceted conditions that require early identification, comprehensive evaluation, and a collaborative approach to management. These are neurodevelopmental conditions that affect a child's ability to acquire and process information efficiently, making it difficult for them to perform at expected levels in academic settings. These disorders are not reflective of a child's intelligence but rather their struggle in specific areas of learning, such as reading, writing, mathematics, or language comprehension.

Paediatricians play an integral role in recognizing potential learning challenges, guiding families toward appropriate interventions, and supporting ongoing care. With early detection and a tailored treatment plan, children with learning disorders can overcome academic challenges and thrive in both school and life.

Symposium: Managing Acute Asthma: When and How to Escalate Treatment

Professor Simon Craig, Emergency Physician, Monash Medical Centre, Monash Health, Australia

Globally, asthma is the most common chronic respiratory disease in childhood. Most children with asthma have mild or moderate exacerbations and respond well to first-line therapy (inhaled short-acting beta-agonists and systemic corticosteroids). A small proportion of children are seriously ill, and do not respond to first-line therapy.

This presentation will discuss treatment options for acute asthma, with an emphasis on evidence-based recommendations for severe exacerbations.

Symposium: Gastro-Oesophageal Reflux

Dr Rakesh Vora, Paediatric Gastroenterology Consultant, Evelina London, Children's Hospital, Guy's & St Thomas' Hospitals, Foundation NHS Trust, United Kingdom

Definitions of gastro oesophageal reflux and gastro oesophageal reflux disease in clinical practice in paediatrics are blurred making it difficult to estimate true prevalence however definitions given by European & North American society of Paediatric Gastroenterology. A clear and systematic diagnostic and therapeutic approach based on the age of presentation of symptoms is now widely practised. There is also consensus on the indications for use of investigations like upper gastrointestinal contrast studies, Video fluoroscopy , upper gastrointestinal endoscopy and biopsy based on red flags in history symptoms or signs like weight loss, lethargy, bilious vomiting, hematemesis . Initial interventions are generally focused on avoiding overfeeding, thickening of feeds with emphasis on continuing breast feeding. A trial of 4 weeks of hydrolysed feed or amino acid based feed or in breast fed infants , elimination of dairy protein in maternal diet are measure with evidence to support its use. If there is no improvement in symptoms , then a referral to paediatric gastroenterologist and a trial of acid suppression medications need to be considered. If no improvement , then there would be a need to revisit the diagnosis and consider further investigations like contrast studies and endoscopy.

Symposium: Fatty Liver Disease in Children

Professor Pujitha Wickramasinghe, Senior Professor in Paediatrics, University of Colombo, Sri Lanka

Originally identified as Non-alcoholic fatty liver disease (NAFLD) and Non-alcoholic steato hepatitis (NASH), nomenclature was changed to metabolic dysfunction–associated steatotic liver disease (MASLD)/metabolic dysfunction–associated steatohepatitis (MASH) respectively in order to highlight the underlying aetiology. Cardiometabolic diseases. It has emerged as a significant pediatric health concern, paralleling the global rise in obesity and metabolic syndrome among children and adolescents. Characterized by excessive fat accumulation in the liver (steatosis) in the absence of significant alcohol consumption, pediatric fatty liver disease ranges from simple steatosis to steatohepatitis (NASH), which can progress to fibrosis, cirrhosis, and end-stage liver disease with time. It is fast emerging as the commonest paediatric liver disease.

MASLD shows a close association with obesity, insulin resistance, type 2 diabetes, dyslipidemia, and sedentary lifestyles. The gold standard of diagnosis is based on biopsy. However, in clinical practice it mainly relies on combination of clinical assessment, laboratory investigations, imaging modalities such as ultrasound. Currently, there are no approved pharmacological therapies; management primarily focuses on lifestyle modifications—including weight loss, dietary changes, and physical activity—to reduce hepatic fat content and improve metabolic health. Early recognition and intervention are crucial to prevent disease progression and associated comorbidities such as cardiovascular disease, type 2 diabetes, and hepatic complications. Emerging research emphasizes the importance of a multidisciplinary approach involving pediatricians, hepatologists, dietitians, and behavioral therapists. Raising awareness about fatty liver disease among healthcare professionals, patients, and caregivers is vital for timely diagnosis and effective management. Adopting preventive strategies, mainly weight management, is of prime importance.

Symposium: Respiratory Infections in Immunodeficiency: Key Clues for Diagnosis

Dr Rajiva de Silva, Consultant Immunologist,
Medical Research Institute, Sri Lanka

Inborn errors of immunity (IEI, formerly termed primary immune deficiency diseases) are due to damaging germline variants in single genes. The incidence of IEI in the US is 6 per 10,000. Five hundred and fifty five IEIs have been identified to date, which are grouped into 10 categories.

Clinically, patients with IEI present with recurrent/severe infections (primary immune deficiency); or with autoimmunity/autoinflammation/lymphoproliferation with or without infection (primary immune regulatory disorders (PIRD)), which is due to immune dysregulation.

Recurrent lung infections are the commonest manifestation of PID. These infections may lead to air trapping, thickening of the bronchial walls, atelectasis and/or bronchiectasis.

Certain clinical features are suggestive of an underlying IEI. They include recurrent bronchial infections (≥ 2/year) with cough and purulent expectoration, idiopathic bronchiectasis, recurrent pneumonia, chronic bronchial infection, the need for prolonged antibiotic treatment for respiratory infections, pulmonary abscess and pneumatocele or infections caused by rare or opportunistic microorganisms.

The organisms isolated will give a clue to the underlying defect; for example, recurrent infections with S pneumoniae are suggestive of antibody deficiency, whereas infection with P jiroveci is due to a cell mediated immune deficiency.

Features such as granulomatous-lymphocytic interstitial lung disease or bronchiolitis obliterans are features of immune dysregulation. This presentation will present clues to the diagnosis of IEI, pertaining to the respiratory system.

Symposium: Cow's Milk Intolerance: Diverse Presentations and Diagnostic Pathways (A Case-Based Approach)

Professor Thushara Kudagammana, Professor in Paediatrics,
University of Peradeniya, Sri Lanka

Cow`s milk is one of the most important sources of nutrition among children. It`s place in the form of formula milk as a replacement for breast milk in early infancy and as a nutrition supplement to solids later on is essential under certain circumstances. Cow`s milk is considered a good quality protein and is a relatively affordable, widely available source of protein among low-resource settings.

Adverse reactions to cow`s milk can be immunological and non-immunological in aetiology. Non-immunological reactions occur commonly due to intolerance of lactose in milk. These reactions can originate from birth but are commonly seen following conditions like acute gastroenteritis.

Immunological reactions against cow`s milk are classically mediated by IgE. These reactions may manifest as immediate skin, gastrointestinal, cardiovascular and respiratory symptoms in combination or alone.

The other immunological reactions to cow`s milk can be non IgE mediated or a mixed type.

The common non IgE mediated immune reactions due to cow`s milk include, cow`s milk protein-induced enterocolits and cow`s milk protein-induced proctocolitis. The latter is a relatively common condition presenting with bloody stools, in an otherwise well baby in early infancy. This can also occur in exclusively breastfed babies in response to maternal ingestion of cow`s milk. Elimination of cow`s milk from the diet for some time will relieve the condition.

Exacerbation of atopic dermatitis is an example of a mixed type of IgE and non IgE immune reaction to cow`s milk in children. Eliminating cow`s milk allergen improves symptoms of atopic dermatitis within a few weeks and repeated exposure commonly exacerbates skin symptoms.

Symposium: Complicated Pneumonia in Children

Professor Ian Sinha
Consultant Respiratory Paediatrician, Alder Hey
Children's Hospital, United Kingdom

Rapid-Fire: Approach to Eosinophilia

Professor Heshan Jayaweera, Professor in Paediatrics,
University of Peradeniya, Sri Lanka

Eosinophils are a type of white blood cell from the bone marrow, typically present in low levels in the blood ($<0.4 \times 10^9$/L). Eosinophilia refers to an elevated absolute eosinophil count (AEC) over 0.5×10^9/L and is classified as mild (0.5–1.5), moderate (1.5–5.0), or severe ($>5.0 \times 10^9$/L). Eosinophilia may be transient, episodic, or persistent. Mild and transient cases are usually considered harmless. However, hypereosinophilia, defined as moderate to severe eosinophilia observed on two separate occasions at least four weeks apart, can indicate serious underlying pathology, particularly in children.

In children, eosinophilia is most commonly caused by asthma, atopic conditions, food allergies, and eosinophilic esophagitis—often requiring careful history-taking to diagnose. Certain infections like visceral larva migrans are more prevalent in young children, while others like filariasis are rare but are encountered in tropical climates. Some primary immunodeficiencies (e.g., hyper-IgE syndrome, ALPS, IPEX) commonly present in childhood and may feature eosinophilia. Though hematologic malignancies like acute lymphoblastic leukemia are more frequent in children, other causes such as myeloid neoplasms and autoimmune diseases are less well-defined in this age group but could present with eosinophilia. Rare familial eosinophilia may also occur in both children and adults.

The underlying cause of eosinophilia is most effectively determined through a combination of the patient's medical history, clinical symptoms, and targeted laboratory tests. The urgency of evaluation is determined by the clinical status of the patient and the level of eosinophilia. Treatment options may include dietary changes, medications like antihistamines or steroids, and in some cases, even medical procedures to manage severe conditions.

Rapid Fire: Ingested Foreign Body: Best Management Options

Dr Sanjaya Abeyguansekera, Consultant Paediatric Surgeon,
Lady Ridgeway Hospital for Children

Foreign body ingestion remains a frequent and challenging presentation in pediatric practice, especially among children under five years of age. Pediatricians play a pivotal role in early recognition, risk assessment, and appropriate referral or management. This presentation will explore the latest evidence-based strategies for evaluating and managing foreign body ingestion in children. Topics include the identification of high-risk objects (e.g., button batteries, magnets, and sharp items), indications for imaging, guidelines for observation versus intervention, and timing for endoscopic or surgical retrieval. Special attention will be given to clinical red flags, complication prevention, and counseling strategies for families. Through case-based discussion, pediatricians will be equipped with practical tools and updated knowledge to enhance decision-making and ensure timely, effective care for affected children.

Rapid Fire: Leptospirosis

Dr Nalika de Silva, Consultant Paediatrician,
Teaching Hospital, Kalutara, Sri Lanka

Leptospirosis is one of the commonest zoonotic bacterial diseases in the world, which is mostly seen in the tropical and subtropical region. It is caused by pathogenic spirochetes of the genus Leptospira. It is estimated that about a million cases occur worldwide annually with almost 60,000 deaths. In Sri Lanka, the estimated incidence is 52 per 100,000 population with around 730 annual deaths. However, globally it is an under reported disease. Although, Leptospirosis is considered mainly a disease of the adults, children with exposure to contaminated environment acquiring the disease is not uncommon. The clinical presentation in the paediatric population can range from mild illness to severe multi organ failure. However they are less likely to show classic features of Weils disease compared to adults. This observation is supported by a few studies, comparing the clinical presentations of adults and children. Similar clinical presentations are noted in a study done on children in a Base Hospital in Sri Lanka. Due to its anicteric and non- specific nature of the disease, Leptospirosis in children can be underdiagnosed. Therefore a high degree of suspicion is needed in order to make a diagnosis. Early initiation of antibiotics has a good prognosis in children. Confirming the disease by polymerase chain reaction or microscopic agglutination test, which is available at medical research institute, will help in the clinical setting as well as epidemiologically.

Rapid Fire: Gastrostomy and Jejunostomy Feeds: Indications and Best Practices

Professor Mark Beattie
Lead for Paediatric Gastroenterology and Nutrition,
Southampton General Hospital, United Kingdom

In this session we will discuss

- Physiology of the Gut
- Indications for Enteral Tube Feeding
- Route of administration
    - Nasogastric
    - Gastrostomy
    - Jejunal
- Feed tolerance
- Feed types
- Feed regimen
- Exit strategy

Further Reading

Practical Approach to Paediatric Enteral Nutrition: A Comment by the ESPGHAN Committee on Nutrition
https://onlinelibrary.wiley.com/doi/10.1097/MPG.0b013e3181d336d2

The Use of Jejunal Tube Feeding in Children : A Position Paper by the Gastroenterology and Nutrition Committees of the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition 2019
https://doi.org/10.1097/MPG.0000000000002379

Rapid Fire: High-Flow Oxygen Therapy in Paediatrics

Dr Nalin Kitulwatte,Consultant Paediatric Intensivist, Lady Ridgeway Hospital for Children, Sri Lanka

Supplemental oxygen therapy is one of the more commonly prescribed interventions used by clinicians when caring for hypoxic patients acutely. This supplementation often takes the form of a low-flow nasal cannula (LFNC). However, there are limitations to this supplemental oxygen intervention. A traditional nasal cannula can only effectively provide only up to 4 to 6 liters per minute of supplemental oxygen. This equates to a FiO2 of approximately 0.37 to 0.45.

High-flow nasal cannula (HFNC) therapy is an oxygen supply system capable of delivering up to 100% oxygen at a flow rate of up to 60 – 70 liters per minute.

In addition to greater control over the delivery of FiO2, there are several benefits of using a high-flow nasal cannula.

HFNC delivers oxygen at significantly higher flow rates than conventional nasal cannulas (typically 2 liters per kg per minute). Oxygen is heated and humidified to prevent dryness and discomfort in the nasal passages, which can be a problem with high oxygen flows.

The high flow creates a positive pressure in the airways, which helps to improve ventilation and oxygenation and thereby can reduce the work of breathing of patients with respiratory distress.

The high flow rates of HFNC can help to flush out dead space in the airways, improving gas exchange. In some cases, HFNC can help to avoid the need for intubation and mechanical ventilation. HFNC is generally well-tolerated by patients and can be more comfortable than traditional nasal cannulas or face masks

Rapid Fire: Inborn Errors of Metabolism: Early Clues from Liver Dysfunction in Neonates

Dr Imalke Kankananarachchi, Senior Lecturer in Paediatrics, University of Ruhuna, Sri Lanka

Inborn errors of metabolism (IEMs) are a heterogeneous group of rare genetic disorders with a broad spectrum of clinical manifestations that may present from the intranatal period through to adulthood. Among these, neonatal liver dysfunction is a relatively common and often challenging presentation. Depending on the predominant pattern of liver involvement, three major clinical categories can be recognized: cholestatic jaundice, liver failure, and hepatomegaly.

Cholestatic jaundice in infancy may serve as the initial manifestation of specific IEMs such as tyrosinemia type I, Niemann-Pick disease type C, and citrin deficiency. If left untreated, certain IEMs such as galactosemia, neonatal hemochromatosis, and urea cycle defects can lead to fulminant liver failure in the neonatal period. Although it is less frequent in neonates, some IEMs may present primarily with hepatomegaly; lysosomal storage disorders and certain glycogen storage diseases are among the most common in this category.

In resource-limited settings, clinicians must rely heavily on clinical evaluation and basic laboratory tests to guide diagnosis. A history of consanguinity, relevant family history, and the absence of a known etiology raise suspicion of an underlying metabolic disorder. Clinical examinations may reveal diagnostic clues, such as absence of the red reflex in galactosemia or hepatosplenomegaly in storage disorders. Basic liver function tests help to determine which type of liver dysfunction is prominent. Additional findings such as high anion gap metabolic acidosis, hypoglycemia with ketonuria, and significantly elevated ammonia levels suggestive of organic acidemias.

Elevated alpha-fetoprotein levels may indicate tyrosinemia or neonatal hemochromatosis, while a positive urine test for reducing substances is a useful clue for galactosemia.
Raised lactate levels may suggest mitochondrial disorders or glycogen storage disease type I. Other supportive investigations include lipid profile, serum uric acid, and creatine phosphokinase.
Once initial clues are identified, second-tier investigations such as acylcarnitine profile, urine organic acid analysis, specific enzyme assays, liver biopsy, and genetic testing are instrumental in reaching a definitive diagnosis. Recognizing the early hepatic presentations of IEMs is crucial for timely intervention, particularly in settings where advanced diagnostic resources are limited.

Rapid Fire: Brain Tumours: Are We Missing Red Flags

Dr Mahendra Somathilaka, Consultant in Paediatric & Adolescent Oncology, National Cancer Institute, Sri Lanka

Childhood brain tumours are among the most common solid malignancies in children and are potentially curable when diagnosed early. In high-income countries, advancements in diagnostics, treatment protocols, and supportive care have led to five-year survival rates exceeding 70%.
However, in low- and middle-income countries (LMICs), survival remains below 40%, despite the availability of basic oncological infrastructure and treatment facilities. One of the major contributors to this disparity is delayed diagnosis, particularly delays in obtaining neuroimaging such as MRI or CT scans.
A recent retrospective study conducted at the National Cancer Institute, Maharagama, involving over 130 children diagnosed with brain tumours, demonstrated a significant delay in initiating neuroimaging, even in the presence of overt neurological symptoms. This delay in diagnosis can result in advanced disease at presentation, reducing the likelihood of effective treatment and long-term survival.

To bridge this gap, increased awareness of the early clinical manifestations of childhood brain tumours is essential—not only among primary care providers but also among physicians at secondary and tertiary care levels. Strengthening clinical vigilance and streamlining referral pathways for timely neuroimaging may substantially improve survival outcomes for children with brain tumours in LMICs.

Rapid Fire: Human Microbiome and Food Allergies: Can We Modify the Risk?

Professor Neelika Malavige Professor in Immunology,
University of Sri Jayewardenepura, Sri Lanka

The global rise in allergic diseases is linked to various factors, including urbanization, air pollution, climate change, and dietary shifts. A key contributor is microbiome alteration. Studies show that children raised on farms, thereby being exposed to a broader range of environmental microbes, have lower rates of asthma and allergies than urban children. Data from animal models support this, demonstrating that urban dust promotes a less diverse, pro-inflammatory microbiome, with reduced levels of short chain fatty acid (SCFA) producing bacteria.

Many factors influence the maturation and diversity of the gut microbiome from birth to adulthood, including mode of delivery, breast feeding and weaning practices, use of antibiotics and pet ownership. Longitudinal studies in infants have shown that those who go on to develop allergies often exhibit delayed gut microbiome maturation, with a reduced abundance of SCFA-producing bacteria. SCFAs, along with other microbial metabolites, are crucial for the development of peripheral regulatory T cells, suppression of innate-like lymphocytes (ILC2) differentiation, and induction of anti-inflammatory cytokine production by dendritic cells. Given the microbiome's central role in immune regulation, numerous clinical trials have explored the use of probiotics and prebiotics to modulate gut microbiota and alleviate allergic disease, with particularly in atopic dermatitis—showing promising results. However, significant geographic variability in gut microbiota highlights the need to develop microbiome-targeted therapies tailored to the Sri Lankan population.

Trainer-Trainee Dialogue: Facing Interviews with Confidence

Professor Sameer Zuberi, Consultant Paediatric Neurologist,
Royal Hospital for Children, Glasgow, United Kingdom

The differential diagnosis of paroxysmal disorders is broad, particularly in paediatrics, where developmental influences on brain networks, learning and behaviour impact on the frequency and nature events at different ages. The management of the epilepsies requires a knowledge of all the conditions that mimic epilepsy including their history, examination findings and treatment.

Most children attending first seizure clinic do not have epilepsy and the clinician needs to have the skill not to make a diagnosis of epilepsy unless they are certain of this diagnosis. The confidence to say to a family that you don't know whether an event is epileptic or not is important; time, opinions from colleagues and further evaluation will give the answer.
In this presentation I will discuss the classification and spectrum of paroxysmal disorders other than epilepsy, provide guidance on how to take a history and show video examples of events and give some guidance on management. I will discuss how we can harness the power of the smartphone to aid us in making a diagnosis and how technology including artificial intelligence may help in decision support tools of the future.

Trainer-Trainee Dialogue

Thriving in Overseas Training: A Survival Guide

Dr Daham de Silva
Consultant Paediatrician, Adelaide, Australia

Dr Rasika Gunapala, Consultant Paediatrician,
Lady Ridgeway Hospital for Children, Sri Lanka

Dr Lalith Gamage, Staff Specialist,
Women's & Children's Hospital, Adelaide, Australia

Professor Heshan Jayaweera
Professor in Paediatrics, University of Peradeniya, Sri Lanka

Breakfast Session:Disorders of Sexual Development: A Case-Based Approach

Moderator

Dr Navoda Atapattu,
Consultant Paediatric Endocrinologist,
Lady Ridgeway Hospital for Children, Sri Lanka

Panel

Dr Mars Skae,
Consultant Paediatric Endocrinologist, Royal Manchester Children's Hospital, United Kingdom

Panel

Professor Sumudu Seneviratne,
Professor in Paediatric Endocrinology,
University of Colombo, Sri Lanka

Panel

Dr Jananie Suntharesan,
Consultant Paediatric Endocrinologist,
Sirimavo Bandaranayake Specialized Children's Hospital,
Sri Lanka

Plenary: Fits, Faints & Funny Turns

Professor Sameer Zuberi, Consultant Paediatric Neurologist, Royal Hospital for Children, Glasgow, United Kingdom

The differential diagnosis of paroxysmal disorders is broad, particularly in paediatrics, where developmental influences on brain networks, learning and behaviour impact on the frequency and nature events at different ages. The management of the epilepsies requires a knowledge of all the conditions that mimic epilepsy including their history, examination findings and treatment. Most children attending first seizure clinic do not have epilepsy and the clinician needs to have the skill not to make a diagnosis of epilepsy unless they are certain of this diagnosis. The confidence to say to a family that you don't know whether an event is epileptic or not is important; time, opinions from colleagues and further evaluation will give the answer.

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Plenary: Sodium Imbalances: Hyponatraemia and Hypernatraemia

Professor Detlef Böckenhauer, Professor of Paediatric Nephrology, University College London, Honorary Consultant at Great Ormond Street Hospital NHS Foundation Trust, United Kingdom

Sodium has the highest concentration of solutes in plasma and thus changes most in absolute numbers when plasma water is altered. Consequently, disorders of sodium typically reflect disorders of water. In this talk, I will use clinical cases to highlight the (patho)physiology of renal sodium and water handling and how to clinically assess, diagnose and treat these disorders.

Guest Lecture: Revolutionizing Heart Care: The Role of AI in Cardiovascular Medicine

Professor John Simpson, Professor of Paediatric and Foetal Cardiology, Guy's and St Thomas' NHS Trust, United Kingdom

It is a great honour to participate in the 27th Annual Scientific Congress of the Sri Lanka College of Paediatricians as your Chief Guest. I am very grateful for the opportunity to address this distinguished audience and to contribute to the scientific program.
Paediatric cardiology is an important part of paediatrics, not only because congenital heart disease is common, with almost one in 200 newborn infants requiring cardiac intervention, but also because of the mortality and morbidity which can result. The challenge of managing patients with congenital heart disease can appear daunting, because of the resource and expertise required to deliver effective care. The increasing success of surgery and intervention, whilst very welcome, means that patients require ongoing care right through their adult lives.

In Sri Lanka, over the past 25 years, I have witnessed the commitment of paediatric cardiologists, surgeons, intensive care specialists and nursing teams to deliver high levels of care for affected children, adults and their families. We have seen the development of teams and facilities in Sri Lanka, to meet the demand for treatment, despite economic and other challenges. It is essential in all countries that healthcare professionals continue to advocate strongly for their patients, never more so than in the field of congenital heart disease.

Since 2001, our “Take Heart” team, drawn mainly from the Evelina London Children’s Hospital, has operated on almost 300 patients and evaluated many thousands over multiple surgical missions. This cannot compare to the thousands of patients treated by Sri Lankan teams, but it has been an extraordinary forum for discussion and exchange of ideas, which can only be for the better for all, and one which we aim to continue.

The speciality is extremely exciting at present with the development of technologies such as artificial intelligence which have the potential to improve workflow, quality and cost effectiveness. However such advances will not substitute for core knowledge, understanding of disease mechanisms and care of patients at a “human” level.
I would like to thank the Sri Lanka College of Paediatricians for the invitation and I would also like to formally acknowledge the assistance and commitment so many Sri Lankan doctors who have enabled our work in Sri Lanka over the past quarter of a century.

Guest Lecture: Caring for Wounds in Children: From Scrapes to Stitches

Dr Romesh Gunasekera, Consultant Plastic Surgeon, Lady Ridgeway Hospital for Children, Sri Lanka

Guest Lecture: Overview of Congenital Adrenal Hyperplasia

Dr Mars Skae, Consultant Paediatric Endocrinologist, Royal Manchester, Children's Hospital, United Kingdom

Congenital adrenal hyperplasia (CAH) is a genetic disorder of the adrenal glands. CAH is characterized by the overproduction of androgens, along with variable degrees of glucocorticoid and mineralocorticoid deficiency. It is caused by a number of different enzyme deficiencies within the steroid metabolic pathway and diagnosis requires appropriate testing of hormonal substrates to establish where the deficiency is located. The most common form of CAH is due to partial or total deficiency of the 21-hydroxylase enzyme.

The age at presentation can provide information about underlying mutations. Those diagnosed at birth/early infancy are more likely to have severe enzymatic defects with more severe effects including salt wasting and adrenal crises.
The main goals of CAH treatment are adequate hormonal supplementation, controlling adrenal androgen overproduction to minimize long-term side effects, and optimizing growth and patients' quality of life. Monitoring treatment efficacy is essential with newer treatment modalities on the horizon for better outcomes.

Case-Based Discussions: Head Injury in Children: When is Hospitalization Necessary?

Dr Lalith Gamage, Staff Specialist,
Women's & Children's Hospital, Adelaide, Australia

Background: Pediatric head trauma is a common reason for emergency department (ED) presentations, with the majority of cases being minor in severity. Although clinically important traumatic brain injuries (ciTBI) are rare—occurring in less than 1% of children with minor head injury—timely and accurate identification remains crucial to prevent adverse outcomes. Determining safe discharge criteria is essential to balance the need for observation and imaging against the risks of unnecessary interventions, including radiation exposure from CT scans.

Objective: To evaluate the safety and reliability of discharging children following minor head trauma based on validated clinical decision rules and clinical judgment.
Methods: A synthesis of high-quality prospective studies comparing the performance of three major clinical decision rules—PECARN, CHALICE, and CATCH—was undertaken. The diagnostic accuracy of these tools was assessed in identifying children at low risk for ciTBI. Additionally, the predictive ability of unstructured physician judgment was compared against these structured decision rules.

Results: The PECARN rule demonstrated the highest sensitivity (99–100%) across age groups with moderate specificity, effectively identifying all cases of ciTBI in several studies. CHALICE had the highest specificity (85–92%) but missed some cases of ciTBI, limiting its standalone reliability for discharge decisions. CATCH performed less consistently in sensitivity and specificity. Clinical judgment alone demonstrated high accuracy, particularly in systems with low baseline CT rates; however, structured rules such as PECARN were superior in maintaining near-perfect sensitivity while minimizing overuse of CT scans.

Conclusion: Children with minor head trauma can be safely discharged from the ED if they meet low-risk criteria defined by PECARN, are neurologically normal, improving symptomatically, and have no red flags such as persistent vomiting, severe headache, or abnormal behavior. PECARN is the most validated and sensitive tool to guide safe discharge. Clinical observation remains important, particularly for infants and non-verbal children. Decision rules should be complemented by shared decision-making and appropriate follow-up education for caregivers.

Case-Based Discussions: Fungal Infections: Tips for Management

Dr Sriyani Samaraweera, Consultant Dermatologist, Lady Ridgeway Hospital for Children, Sri Lanka

The incidence of superficial fungal infections is on the rise, posing a significant medical, social, and financial burden. Accurate diagnosis and appropriate management are crucial in mitigating this impact. This presentation will focus on three common types of superficial fungal infections: cutaneous candidiasis, pityriasis versicolor, and dermatophyte infections.

Over the past five years, several factors have contributed to the increased prevalence of these infections, particularly dermatophytosis, both in Sri Lanka and across the South East Asian region. Key contributors include the emergence of more virulent fungal strains, incomplete treatment regimens, misuse of topical steroid or steroid-antifungal combinations, and growing resistance to conventional antifungal therapies.

Effective control of these infections requires a multifaceted approach that addresses all contributing factors concurrently. Public education is a cornerstone of this strategy. Additionally, simple and cost-effective interventions at the primary care level can significantly influence the overall control and prevention of superficial fungal infections.

Case-Based Discussions: Paediatric Eye Conditions: Should not be Missed

Dr Hiranya Abeysekera, Consultant Paediatric, Ophthalmologist, Lady Ridgeway, Hospital for Children, Sri Lanka

Ocular pathologies are common in children. It is estimated up to 15% of school children could have ocular pathology. More common issues are refractive errors, amblyopia, ocular surface inflammation.

Rare but sinister pathologies such as retinoblastoma, childhood cataract and childhood glaucoma can present to the primary care physician or out patient departments with different complaints. It is important to inquire further in to ocular related complaints although the primary care physician is not capable of treating ocular conditions.

Symposium: Managing Children's Behavioral Issues in the Post-Pandemic Era

Professor Jocelyn Eusebio, Associate Professor at the University of the East Ramon, Magsaysay Memorial Medical Center

The COVID-19 pandemic has left a lasting impact on the behavioral and emotional well-being of children across developmental stages. Increased exposure to stress, disruptedroutines, limited social interaction, and academic challenges have contributed to a noticeable rise in behavioral concerns, including anxiety, inattention, irritability, aggression, and social withdrawal.

This presentation will examine how behavioral issues have emerged and evolved in the post-pandemic context, with attention to their developmental implications. It will also identify the most common presentations of the conditions related to it, which are seen in both clinical and educational settings. Furthermore, participants will be introduced to evidence-based and practical strategies for managing these challenges, tailored to a variety of settings and family situations. Finally, it will emphasize the key role of primary health care professionals and specialists (pediatricians and developmental pediatricians) in guiding families, partnering with schools, and strengthening community eHorts to support children's coping, adjustment, and long-term resilience.

Symposium: The Role of Palliative Care in Paediatrics: Bridging the Gap

Professor Megan Doherty, Associate Professor, Paediatrics, Palliative Medicine, University of Ottawa, Canada

Palliative care focuses on improving the quality of life for children with life-threatening or life-limiting illnesses. It provides comprehensive support that addresses the physical, emotional, social and spiritual needs of the child and extends this care to their family. Palliative care should begin at the time of diagnosis, and it care can and should be provided alongside potentially curative treatments. Early integration of palliative care, ensures better management if symptoms, reduces hospitalizations, and improves overall patient and family satisfaction.

Palliative care for children is best provided by multi-disciplinary teams which often include pediatricians, other doctors, psychologists, social workers, counsellors, teachers, dieticians, physiotherapists, occupational therapists, child life specialists, play therapists, spiritual leaders, music and art therapists.

Children with a wide variety of serious illnesses need palliative care including children with neonatal conditions, congenital anomalies, HIV disease, cancer, cerebral palsy, and other chronic conditions. Globally, more than 21 million children need palliative care, but less than 5% of children are able to access this essential care, leading to a huge burden of treatable suffering for them and their families. Most palliative care for children can be provided by pediatricians and other health workers who are not specialists in palliative care, after receiving appropriate training. Palliative care can be provided in a variety of locations, including home, hospice and in-patient facilities, and the location of care should be based on the child and family's preferences. There are successful models of integrating palliative care for children across countries from all income levels. Successful models of care should be expanded and culturally adapted to improve access globally.

Symposium: Managing Pulmonary Hypertension in the Newborn - What You Should Do and Not Do

Professor Nishani Lucas, Professor in Neonatology, University of Colombo, Sri Lanka

Persistent pulmonary hypertension in the newborn (PPHN), a potentially life-threatening condition, occurs due to maladaptation i.e., abnormal pulmonary vascular response to lung parenchymal disease (eg: meconium aspiration syndrome, congenital pneumonia, sepsis and surfactant deficiency) or underdevelopment of the pulmonary vasculature (eg: pulmonary hypoplasia in oligohydramnios, congenital diaphragmatic hernia and growth restriction) or due to excessive pulmonary vascular smooth muscle (eg; idiopathic PPHN). It is characterized by elevated pulmonary vascular resistance (PVR) resulting in reduced pulmonary blood flow causing a ventilation-perfusion-mismatch and right-to-left-shunting across the patent ductus arteriosus(PDA) or foramen ovale (PFO) resulting in refractory hypoxaemia. Difference in pre and post ductal saturation >10% is suggestive of high PVR. Echocardiography is the gold standard to confirm the diagnosis, assess the severity, and assess therapeutic efficacy. The direction of flow across the PDA and PFO, interventricular septal deviation or flattening and regurgitation across the tricuspid valve are used to estimate the pulmonary vascular pressure. It also assesses the left and right ventricular function. Poor right ventricular function along low output from the right and left ventricles are predictive of poor outcomes. Brain natriuretic peptide produced by the stressed right ventricle is predictive of PPHN when > 550pg/ml.

Maintain a normal pH, normothermia, normoglycemia, normocalcaemia and normovolaemia. Do not administer fluid boluses for hypotension. Use individualized vasopressors only if there is evidence of end-organ-injury. Use norepinephrine in the absence of cardiac dysfunction and milrinone in the presence of cardiac dysfunction. Do not use 100% oxygen. Use the minimum oxygen percentage required to maintain saturation >95%. Start oral sildenafil as the first line pulmonary vasodilator. If poor response, escalate to inhaled nitric oxide (iNO). Combining iNO with high frequency ventilation and surfactant administration has been found to increase oxygenation and reduce the need for ECMO.

Symposium: Improving Inhaler Use in Children with Asthma

Dr Channa de Silva, Consultant Paediatric Pulmonologist, Lady Ridgeway Hospital for Children, Sri Lanka

Asthma is the most common chronic disease in children. Despite many advances in understanding the pathophysiology of asthma and its management over the past few decades, it is still a major cause for substantial levels of morbidity and even mortality among children. Poor control of asthma due to improper use of preventive therapy is one of the main reasons for this high burden.

Topical application of medicines directly into site of pathology via inhaler route is an important development in asthma management because it dramatically reduces the potential adverse effects of long-term systemic steroids and accelerates the onset of action of bronchodilators. However, aerosol particle deposition in the lungs is a complex process. Hence, if it is not done in a correct way, the results of inhaler therapy would be significantly poor.

The proportion of aerosol particle deposition depends on many factors including the particle size, shape, density, hygroscopicity, anatomy of the respiratory passage, and the airflow pattern. Inertial impaction, gravitational sedimentation and Brownian diffusion are the three main mechanisms of particle deposition.

Dry powder inhalers (DPI) and pressurized metered dose inhalers (pMDI) are the main types of inhalers used in children. Out of those, pMDI with a valved holding chamber (with or without a face mask) provides the maximum particle deposition and hence, maximum symptom control if it is used correctly.

Tidal breathing technique is the most feasible inhaler technique for pMDI in children while, single breath and hold technique can be adopted by older children. Adequate education, proper demonstration and checking the inhaler technique and adherence regularly (ideally at each visit) are the key components in the long-term management of asthma. This is important to achieve very good symptom control and to prevent exacerbations.

Symposium: Optimizing Non-Invasive Ventilation: Latest Advances in Respiratory Support

Dr Viraraghavan Ramaswamy
Consultant Neonatologist, Ankura Hospital for Women and Children, Hyderabad, India

Symposium: Airway Emergencies in Children: What Every Doctor Should Know

Professor Simon Craig, Emergency Physician, Monash Medical Centre, Monash Health, Australia

Acute upper airway emergencies in children, including croup, inhaled foreign body and retropharyngeal abscess may be potentially life-threatening. Asthma is the most common paediatric acute lower airway emergency.
This presentation will provide an overview of the clinical presentation and practical management advice for these conditions.

Not To Be Missed Cases in Paediatrics: A Child with Episodic Crying

Dr I R Ragunathan, Consultant Paediatric Cardiologist, Lady Ridgeway Hospital, for Children, Sri Lanka

A 2-year 9-month-old girl presented to the Cardiology clinic with a history of episodic crying. Echocardiogram revealed a Moderate size ASD with moderate PHT (estimated PA systolic pressure was around 60 mmHg). She was started on Sildenafil for PHT and was planned to admit for surgical closure of OS ASD. The episodes were attributed to pulmonary hypertensive crises and she was admitted for observation and further investigation for pulmonary hypertension as it was unusual to get pulmonary hypertension due to a ASD at that age.
Portosystemic shunts were excluded through an Ultrasound scan of the abdomen as they can cause PTH at an early age. Baseline ECG and 24-hour Holter monitoring done twice was normal. According to the nursing officers and doctors who have witnessed the events, the child was seen clinging to the mother and pointing towards her chest during these episodes. She also had sweating, and her hands and feet became pale, cold and clammy but there was no cyanosis. A coronary event was suspected but repeated echocardiograms showed normal coronary artery origins and flow patterns. As absence of cyanosis was against pulmonary hypertensive crisis in a patient with ASD, it was decided to keep the child connected to a multiparameter monitor and video record the events to get more information. The first video recording of such an event did not provide any clue but the 2nd video recording by a medical officer using her mobile phone showed the event as well as the ST depressions on multiparameter monitor during the episode.

The Holter connected at that time also showed ST depressions and Troponin became positive in a blood sample taken few minutes after the event.
A CT coronary angiogram was done to identify the coronary issue but was inconclusive. Therefore, she was taken to the catheterization laboratory for a coronary angiogram. The initial few angiograms did not show any anomaly but an angulated view showing the proximal part of the Left Main coronary artery showed a vertical intramural course with significant narrowing of the proximal segment. A vertical intramural course of the left main coronary can be missed on echocardiogram, as we look at cross sectional views during echocardiographic assessment of coronaries. With these findings, she was subjected to surgery. ASD was closed and coronary anomaly was corrected. She was discharged after an uneventful recovery and her PA pressure dropped to normal within a few weeks.
This case emphasizes the significance of clinical medicine and critical analysis over following misleading clues or depending on normal investigations to exclude certain diagnoses. It also highlights the value of eyewitness descriptions and gathering additional evidence through unconventional methods, particularly when operating in a resource-limited environment.

Not To Be Missed Cases in Paediatrics: A Child with Hypotension: A Diagnostic Challenge

Professor Gitanjali Sathiadas, Professor of Paediatrics,
University of Jaffna, Sri Lanka

A 10-year-old girl presented with fever, vomiting, and signs of circulatory collapse, with investigations revealing low platelets, elevated inflammatory markers, and severely abnormal liver enzymes. Although initial differentials included dengue and sepsis, a 2D echocardiogram showed coronary artery dilatation, leading to a diagnosis of Kawasaki Disease Shock Syndrome (KDSS). She was treated with IV antibiotics, fluids, IV immunoglobulin, and later aspirin, with gradual recovery but persistent coronary abnormalities. Literature shows KDSS often mimics other shock syndromes, occurs in older children, and presents with higher inflammatory markers, lower platelets, and more cardiac complications compared to typical Kawasaki Disease (KD). Early suspicion, echocardiography, and aggressive treatment are essential, as KDSS may be IVIG-resistant and carries a high risk of coronary artery disease.

Not To Be Missed Cases in Paediatrics: Acute Chorea in a Child: Unravelling the Cause

Dr Sanjaya Fernando, Consultant Paediatric Neurologist,
Lady Ridgeway Hospital for Children, Sri Lanka

This case report describes a 9-year-old girl who developed acute-onset chorea associated with autoimmune thyroiditis. Chorea, characterized by involuntary, irregular movements affecting her limbs and face, presented without encephalopathy. The girl had no significant past medical or family history of relevant disorders. Initial assessments showed normal consciousness and cognition, but she exhibited generalized chorea, facial and ocular dyskinesia, truncal ataxia, bruxism, a darting tongue, and milkmaid grip.

Extensive tests, including blood work, imaging, and CSF analysis, were normal, except for thyroid function tests. These revealed elevated free thyroxine (fT4) with initially normal, then low, thyroid stimulating hormone (TSH) levels. Significantly high levels of anti-thyroid peroxidase and anti-thyroglobulin antibodies were also found.

The treatment course was complex. Initial medications like haloperidol and levetiracetam were ineffective. The patient's condition deteriorated, leading to increased creatine phosphokinase levels and necessitating mechanical ventilation for respiratory compromise and to prevent rhabdomyolysis. Other treatments, including clonidine, midazolam, plasma exchange, and intravenous immunoglobulin, also failed to control the chorea. Ultimately, a combination of cyclophosphamide and rituximab successfully controlled the chorea, allowing for extubation. The patient was then treated with hydroxychloroquine, oral prednisolone, tetrabenazine, and mycophenolate mofetil. She recovered fully without neurological deficits. Follow-up showed normalized thyroid function and antibody levels.

The authors emphasize the rarity of autoimmune thyroiditis presenting as pure chorea and recommend considering thyroid function and antibody tests in acquired chorea cases. They advocate for early immunomodulatory therapy and careful monitoring for complications.

Not To Be Missed Cases in Paediatrics: Infection-Associated Shock: Beyond Septic Shock

Dr Jagath Ranasinghe, Consultant Paediatrician,
District General Hospital, Nawalapitiya, Sri Lanka

Septic shock in children represents a critical, life-threatening condition arising from a severe infection that precipitates widespread systemic inflammation and subsequent multi-organ dysfunction. Clinically, it is acutely characterized by very low systemic blood pressure, compromised tissue perfusion, and inadequate oxygen delivery to vital organs. Prompt recognition and aggressive therapeutic interventions, encompassing rapid fluid resuscitation, the timely administration of broad-spectrum antibiotics, and the judicious use of vasopressors, are fundamentally crucial for significantly improving patient outcomes and reducing morbidity and mortality.

However, it is imperative to acknowledge that not all clinical presentations resembling septic shock are solely attributable to infection. There exist significant underlying associations that can either mimic or substantially aggravate the clinical picture of septic shock, complicating diagnosis and management. One such critical condition is adrenal insufficiency (AI). The initial presentation of adrenal insufficiency is often remarkably nonspecific, manifesting with symptoms like fatigue, weakness, weight loss, and gastrointestinal disturbances, which can be easily confused with a myriad of common illnesses.

A particularly dangerous scenario unfolds when patients with undiagnosed AI progress to an acute adrenal crisis, a severe medical emergency that shares striking symptomatic overlap with septic shock, including profound hypotension and circulatory collapse. Without a heightened degree of clinical suspicion, the diagnosis of adrenal crisis can be tragically missed or misattributed to sepsis, leading to critical delays in appropriate use of steroids, life-saving hormonal replacement therapy. Confirmation of adrenal insufficiency necessitates extensive biochemical investigations, including cortisol and ACTH measurements, and dynamic tests. Further specialized investigations, such as genetic testing and karyotyping, are essential to evaluate rare inherited causes. Prompt treatment and diligent, lifelong follow-up are indispensable for all patients with adrenal insufficiency, underscoring the importance of considering AI in any child presenting with shock unresponsive to conventional sepsis management.

Not To Be Missed Cases in Paediatrics: A Hidden Culprit: Severe Pallor and Cyanosis in a Previously Healthy Child

Professor Kavinda Dayasiri, Professor in Paediatrics, University of Kelaniya, Sri Lanka

"Naphthalene is an aromatic hydrocarbon that potentially produces methemoglobinaemia but rarely causes hemolysis, especially in children with underlying glucose-6-phosphate dehydrogenase deficiency. Although ingestion of a single moth ball by an older child may not be life threatening, it can be fatal if ingested by a toddler. A 2-year-old Singhalese boy developed acute severe hemolysis and methemoglobinaemia following ingestion of a mothball. On admission, the patient was ill and pale. The child was tachycardic and tachypnoiec with oxygen saturation of 76% on air. Blood investigations showed significant anemia, elevated reticulocytes, and evidence of hemolysis in a blood picture, along with elevated lactate dehydrogenase and indirect bilirubin. Child also had ST depressions on electrocardiogram examination with negative troponin-I. He was given four packed red blood cell (PRBC) transfusions and was successfully discharged in 3 days time following optimal supportive treatment. A glucose-6-phosphate dehydrogenase assay confirmed the diagnosis of glucose-6-phosphate dehydrogenase deficiency in this child: 0.9 U/gHb (4.0–13.0 U/gHb). This case report highlights a rare life-threatening presentation of naphthalene ingestion in a child with previously undiagnosed glucose-6-phosphate dehydrogenase deficiency. Ingestion of even a single moth ball can be fatal in vulnerable children given the altered toxicokinetics of naphthalene in children."

Symposium: ECG Interpretation Made Simple: A Stepwise Approach for Clinicians

Dr Manura Lekamwattage, Consultant Cardiac Electrophysiologist, Lady Ridgeway Hospital for Children, Sri Lanka

An electrocardiogram (ECG) is a non-invasive test that records the electrical activity of the heart. In pediatrics, ECGs are used to assess heart rhythm, detect congenital or acquired cardiac abnormalities, and monitor effects of medications or systemic illnesses.
Understanding pediatric ECGs requires awareness of the dynamic changes that occur as a child grows, along with careful attention to normal pediatric variants versus pathology.

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References: 1. Benavides S, Huynh D, Morgan J, *et al.* Approach to the Pediatric Prescription in a Community Pharmacy. *J Pediatr Pharmacol Ther.* 2011;16(4):298-307. **2.** Buck ML. Alternative Forms of Oral Drug Delivery for Pediatric Patients. *Pediatr Pharmacother.* 2013;19(3). **3.** Davies EH, Tuleu C. Medicines for children: a matter of taste. *J Pediatr.* 2008;153(5):599-604.

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Quick onset of action[2]

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*• Runny nose • Itchy nose • Sore throat, Cough, Sneezing

References 1. Data on file. **2.** Fitzsimons R, van der Poel L-A, Thornhill W, et al. Antihistamine use in children. *Arch Dis Child Educ. Pract Ed.* 2015;100:122-131.

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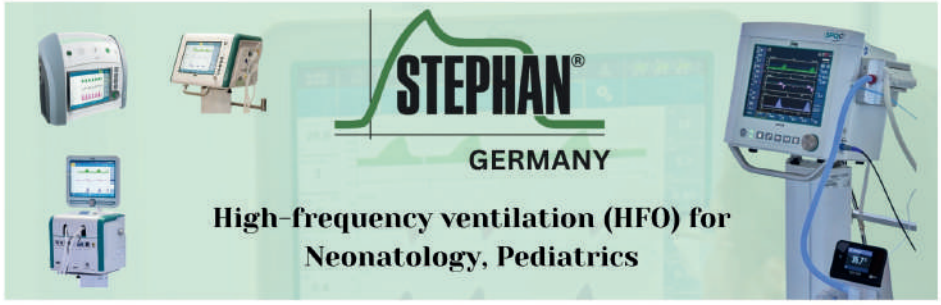

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Evid Based Child Health. 2013 Jan;8(1):57-109. doi: 10.1002/ebch.1893.

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PubMed.gov Calif Med. 1955 Nov;83(5):339-42.

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Ref:

1- Department of Clinical Pharmacology April, 2007;005/07.

2- Gastroenterology & hepatology vol.2, Issue 10, Oct-2006.

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Pinworm	1 tab once	

Infestation	Suspension Dose[2]:
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Pinworm	

1. Vermox 500 mg PI 2. https://standalone-preprod-mx.vademecum.es/html_docs/ae/HTML_YMP/vmp_4451.html 3. https://www.rxlist.com/vermox-drug.htm

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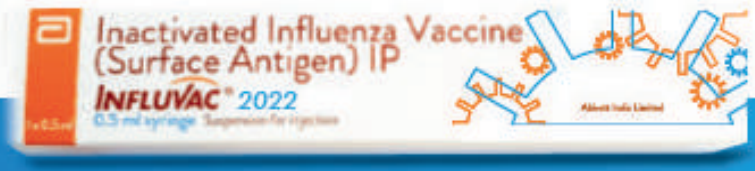

THE BEST WAY TO PREVENT THE **FLU** IS BY GETTING A **FLU** VACCINE EACH YEAR[6]

Images shown are not of actual patients and are for representational purpose only

1. Centers for Disease Control and Prevention. Quadrivalent Influenza Vaccine. [Internet] [Updated 2019 Nov 9] [Cited 2020 Jun 10]. Available at: https://www.cdc.gov/flu/prevent/quadrivalent.htm. 2. Shah R et al. Advantages of Subunit Influenza Vaccine. An Overall Perspective. AJPP. 2018; 1(5):19-28. 3. Wood JM, Williams MS. History of inactivated influenza vaccines. In: Textbook of influenza. Oxford: Blackwell Science; 1998. pp. 317-328. 4. Worden AO et al. Influenza: therapies and prophylaxis in the institutionalized influenza vaccine in "at risk" groups, including COPD patients. Int J Chron Obstruct Pulmon Dis. 2007; 2(3):329-40. 5. Wasserlauf G. Occasional review: influenza in COPD: pathogenesis, prevention, and treatment. International journal of chronic obstructive pulmonary disease. 2007 Mar;2(1):5. 6. Influvac PI. Data on file

Abbreviated Prescribing Information Inactivated Influenza Vaccine (Surface Antigen) IP Influvac 2021 (Suspension for injection) Composition: Influenza virus surface antigens (haemagglutinin and neuraminidase) of the following strains* A/Victoria/2570/2019 (H1N1)pdm09-like strain (A/Victoria/2570/2019, IVR-215) 15 microgrames HA** A/Hong Kong/2671/2019 (H3N2)-like strain (A/Hong Kong/2671/2019, IVR-208) 15 microgrames HA** B/Washington/02/2019-like strain (B/Washington/02/2019, wild type) 15 microgrames HA** * propagated in fertilized hens' eggs from healthy chicken flocks. ** Haemagglutinin This vaccine complies with the World Health Organization (WHO) recommendation/southern hemisphere) and European authority decision for the 2021 season. Indications: Prophylaxis of influenza, especially those who run an increased risk of associated complications. Influvac 2021 is indicated in adults and children from 6 months of age. Vaccination is particularly recommended for the following categories of patients: persons aged 65 yrs, regardless of their health condition; adults and children with chronic disorders of the pulmonary or cardiovascular systems, including asthma; adults and children with chronic metabolic diseases such as diabetes mellitus; adults and children with chronic renal dysfunction; adults and children with immunodeficiencies due to disease or iatrogenic management medication (e.g., cytostatics or corticosteroids); or viral infections; children and teenagers (6 months – 18 years) on long-term acetylsalicylic medication; and people who are at risk for developing Reye's syndrome following an influenza infection. Dosage and administration: Adults: 0.5 ml. Paediatric population: Children from 36 months: 0.5 ml. Children from 6 months to 35 months: Clinical data are limited; doses of 0.25 ml or 0.5 ml may be given. Female women who have not previously been vaccinated, a second dose should be given after an interval of at least 4 wks. Children less than 6 months: the safety and efficacy of Influvac in children less than 6 months have not been established. No data available. Method of Administration: Immunization should be carried out by intramuscular or deep subcutaneous injection. Contraindications: Hypersensitivity to the active substances, to any of the excipients or to any components that may be present as traces such as eggs (and hens), chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80 or gentamicin. Immunization shall be postponed in patients ill with febrile illness or acute infection. Warnings and Precautions: As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following the administration of the vaccine. Influvac 2019-20 should under no circumstances be administered intravascularly. Antibody response in patients with endogenous or iatrogenic immunosuppression may be insufficient. Pregnancy and lactation: Inactivated influenza vaccines can be used in all stages of pregnancy. Larger datasets on safety are available for the second and third trimesters, compared with the first trimester; however, data from worldwide use of influenza vaccine do not indicate any adverse fetal and maternal outcomes attributable to the vaccine. Breastfeeding: Influvac 2019-20 may be used during breastfeeding. Adverse reactions: Common adverse effects (≥1/100 ≥1/10): Have been observed during clinical trials were headache, sweating, arthralgia and local reactions such as redness, swelling, pain, ecchymosis, induration. These reactions usually disappear within 1-2 days without treatment. Other common adverse effects observed are: myalgia, fever, malaise, shivering and fatigue. Adverse reactions reported from post-marketing surveillance are, next to the reactions which have also been observed during the clinical trials: isolated transient thrombocytopenia, transient lymphadenopathy, allergic reactions, in rare cases leading to shock, angioedema, neuralgia, paresthesia, febrile convulsions, neurological disorders, such as encephalomyelitis, neuritis and Guillain Barré syndrome. Vasculitis associated in very rare cases with transient renal involvement. Generalized skin reactions including pruritus, urticaria or non-specific rash. Issued on: Source: Prepared based on SmPC approved by competent authority dated May 2019 ®Trademark of the Abbott Biologics B.V. The Netherlands. For full prescribing information, please contact: Abbott India Ltd., Medical Services Division, Floor 18, Godrej GICC, Plot No. G-08, Near MCA Club, BKC, Bandra (E) Mumbai- 400051

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Adults Only: VERMOX® is indicated for the treatment of inoperable or not radically operable Echinococcus multilocularis or alveolar echinococcosis (fox tapeworm infestation) in adults. Use of VERMOX® for these indications have not been studied in children. Echinococcus granulosus: 40-60 mg/kg/day in 2-3 divided doses for at least 3–6 months. Echinococcus multilocularis: 40-60 mg/kg/day in 2-3 divided doses continuously, for years, depending on the response. Special populations: Pediatrics VERMOX® oral suspension should be considered for patients such as young children who are unable to swallow the tablet. <1 year: VERMOX®100 mg tablets should not be used in children below the age of 1 year (see Warnings and Precautions). Enterobiasis: Take 1 tablet or 5 mL oral suspension given as a single dose. Since reinfections by Enterobius vermicularis are known to be very frequent, it is recommended that the treatment be repeated after 2 and 4 weeks, particularly in eradication programs. 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Reference: 1. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/208398Orig1s000lbl.pdf accessed on Dec 26 2023.; 2. Brits M, Liebenberg W, de Villiers MM. Characterization of polymorph transformations that decrease the stability of tablets containing the WHO essential drug mebendazole. J Pharm Sci. 2010 Mar;99(3):1138-51. doi: 10.1002/jps.21899. PMID: 19693117.; 3. Vermox PI 26 Mar 2022

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